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Conjoint Behavioral Consultation: How Effective Is Cbc With Ethnic Minorities

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CONJOINT BEHAVIORAL CONSULTATION: HOW EFFECTIVE
IS CBC WITH ETHNIC MINORITIES

An Abstract of a Thesis
Submitted
In Partial Fulfillment
of the Requirements for the Degree
Education Specialist

Tina L. Hoffman
University of Northern Iowa
May 1999

ABSTRACT

The literature over the past decade has provided evidence of the positive relationship between home-school collaboration and student success. Yet such educational partnerships are not as common as they should be, particularly among minority families and their schools. Empirical evidence of effective, culturally sensitive, home-school partnership models focused on the individual-child level of collaboration is virtually absent in the literature.

Conjoint Behavioral Consultation (CBC) is one model of home-school collaboration at the individual child level. CBC represents an expansion of traditional behavioral consultation. In CBC both parents and teachers serve as joint consultees to provide a more holistic view of the child. Before CBC can be judged an acceptable service delivery model, it is necessary to establish how effective it is when working with ethnic minorities.

The purpose of this study was to investigate the effectiveness and acceptability of CBC for one minority and majority, home-school partnership. A review of home-school collaboration and CBC literature is provided and a theoretical framework for CBC is presented.

This single subject experimental design was conducted with an ethnic minority parent and subject and a majority teacher and consultant. The target behavior was responding to requests. Self-monitoring with verbal cueing and student progress graphing were the intervention components utilized in the home and school environments. Participants rated the intervention and the CBC process for effectiveness and acceptability. Time factors were also assessed.

Results indicated the student was successful in attaining the goals in the home and school settings. Both the teacher and parent reported strong agreement to the effectiveness and acceptability of the intervention. They both felt the intervention was responsible for the student's improvements. The participants also reported strong agreement to the effectiveness and acceptability of the CBC process. Time considerations were also acceptable.

This study plays an important role in helping educators and researchers to begin identifying promising models and interventions for childhood problems. This study suggests that CBC maybe an effective model of service delivery with participants from different ethnic groups. It is also supportive of the expansion of services to empower parents and teachers in home-school collaboration and problem-solving.

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Entitled: Conjoint Behavioral Consultation: How Effective
is CBC with Ethnic Minorities?

has been approved as meeting the thesis requirement for the
Degree of Education Specialist

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In loving memory of my father

Gordon Charles Geiken

1940-1985

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CHAPTER I

INTRODUCTION

In the past 15 years, research has shown that when parents are involved in their children's education, higher educational achievement, better attendance, and more positive attitudes about education are the result. Yet educational involvement by parents is not as common as it should be (McAllister-Swap, 1992). Establishing collaborative relations between minority families and the school is an even greater challenge for educators. Empirical evidence of effective, culturally sensitive, home-school partnership models focused on the individual child level of collaboration is virtually absent in the literature.

One model of home-school partnerships at the individual child level is conjoint behavioral consultation (CBC). In CBC, both parents and teachers serve as joint consultees who collaborate with a consultant to provide a more holistic view of the child, bridge the gap between home and school, maximize the potential of positive intervention effects within and across settings, and promote generalization of effects over time (Sheridan, Kratochwill, & Elliott, 1990).

Although CBC research has not been conducted with ethnic minority subjects, Huang and Gibbs (1992) contend

that "Potentially, this interaction may facilitate the exchange of knowledge across cultures, races, and ethnicities and may bridge the gap between home and school cultures. The resulting parental involvement may help to ensure a culturally sensitive and appropriate school program, academically and socially" (p. 82). In order to establish CBC as a useful tool in the development of collaborative partnerships, it must be determined that CBC is an appropriate model across cultures.

Purpose

The purpose of this study was to investigate the effectiveness of CBC for one minority and majority, home-school partnership. The conditions included (a) an ethnic minority parent having no experience with the consultative process, (b) an ethnic minority student that had been referred for academic concerns, (c) a majority teacher with a minimal amount of experience with the consultative process, and (d) a research consultant experienced in the principles and procedures of behavioral consultation and inexperienced in CBC.

Statement of Problem

Conjoint behavioral consultation is a relatively new approach to providing collaborative problem-solving in education (Sheridan, 1997). Although current literature

supports the effectiveness of the model (e.g., Colton & Sheridan, 1998; Galloway & Sheridan, 1994; Sheridan, 1997; Sheridan & Colton, 1994; Sheridan et al., 1990), CBC research has not analyzed the effectiveness of the model with ethnic minorities. Ethnic minorities represent an increasing proportion of the U.S. population and yet appropriately focused research has not expanded accordingly (Iwamasa & Smith, 1996). Before CBC can be judged an acceptable service delivery model, it is necessary to establish how effective it is when working with ethnic minorities.

Definition of Terms

This section identifies key terms that are used in this paper. Definitions are provided to aid in the understanding of the researcher's intended use of the terms.

Home-school collaboration is defined by Weiss and Edwards (1992) as "a cooperative process of planning and problem solving involving school staff, parents, children, and significant others used to maximize resources for students' academic achievement and social-emotional development" (p. 215). Home-school collaboration is parents and schools sharing the responsibility for student learning (Christenson, Rounds, & Franklin, 1992).

Parent involvement focuses on the parents' role in becoming involved in their children's education. Chavkin and Williams (1985) define parent involvement as "any of a variety of activities that allow parents to participate in the educational process at home or in school, such as information exchange, decision sharing, volunteer services for schools, home tutoring/teaching, and child advocacy" (p. 2).

Systems level collaboration refers to parental involvement in governance and advocacy. Parents take on the role as advocates and decision makers in a partnership with the educational system.

Individual child level collaboration refers to a partnership between the parents and teacher designed to support the child's success in the home and school environments. Intervention plans can be developed across settings to assist the child in behavioral, social, emotional and academic improvements.

CBC is designed to engage significant consultees from various systems in a collaborative problem-solving process. CBC is defined as "a structured, indirect form of service-delivery, in which parents and teachers are joined to work together to address the academic, social, or behavioral needs of an individual for whom both parties bear some

responsibility" (Sheridan, Kratochwill, & Bergan, 1996, p. 41).

The process of consultation focuses on the four stages of CBC services, the Problem Identification Interview (PII), Problem Analysis Interview (PAI), Treatment Implementation (TI), and the Treatment Evaluation Interview (TEI). The procedures and implications of these stages are included in the process. The content of consultation involves the problem definition, subsequent interventions, and intervention results.

A consultant is generally a psychologist, counselor, mental health worker, or special educator. The primary responsibilities of the consultant are to understand the stages in the consultation process, guide the consultees through these stages, and have knowledge and skill in solving problems and making decisions (Sheridan et al., 1996).

A consultee is the individual responsible for carrying out the intervention with the client. The practice of CBC joins the parent and the teacher as co-consultees (Sheridan et al., 1996).

A minority is defined as "a racial, religious, political, national, or other group regarded as different

from the larger group of which it is a part" (American Heritage Dictionary, 1985, p. 800).

Paniagua (1994) refers to cultural sensitivity as "an awareness of cultural variables that may affect assessment and services." Providing culturally sensitive services requires "the translation of this awareness into behavior leading to effective assessment and service of the particular multicultural group" (p. 7).

Intervention integrity refers to the level at which the intervention was carried out in accordance with established guidelines. Consultation integrity refers to the level at which the consultation services were carried out in accordance with established guidelines.

Intervention acceptability focuses on the level of acceptance the participants expressed for the intervention. CBC acceptability refers to the level of acceptance the participants expressed for the consultation services.

Self-monitoring is an intervention that helps students become aware of their problem behavior and make improvements. Self-monitoring requires the student to document information about the problem behavior as part of an intervention plan (Sprick, Sprick, & Garrison, 1993).

Cueing is an intervention used to increase student's awareness and control of behavior they are or are not doing.

This intervention encourages self-management (Froyen & Iverson, 1999).

Wait time refers to the amount of time the teacher allows the student to respond to a request before rephrasing or taking other action. This allows the student to process the incoming information and produce a response.

Research Questions

The following research questions were posed:

1. Is CBC acceptable when implemented in a majority/minority partnership?
 - a. What acceptability ratings will an ethnic minority parent give CBC when working with a majority teacher?
 - b. What acceptability ratings will a majority teacher give CBC when working with an ethnic minority parent and child?
 - c. How will the ethnic minority parent rate the value/satisfaction of CBC?
 - d. How will the majority teacher rate the value/satisfaction of CBC?
2. How effective will the CBC intervention be with an ethnic minority student?

- a. Will the student demonstrate expected behavior change following the implementation of each CBC intervention?
 - b. Will the student maintain the desired behavior across settings and over time?
 - c. What value/satisfaction rating will the student assign to the intervention?
 - d. What value/satisfaction rating will the student assign to the parental involvement in the intervention process?
3. How much time will be spent in each stage of CBC by the parent, teacher, and the consultant?

Importance of the Study

Three reasons can be cited to support the importance of this study. First, a structured, operationalized model of collaborative parent-teacher problem solving is needed for school psychologists to address problems among majority/minority parents, teachers, and students. To facilitate collaborative relationships among significant individuals in a child's life, simultaneous consultation practices with parents and teachers that recognize and strive to establish linkages across home and school systems seem warranted (Sheridan & Kratochwill, 1992). One response to this demand is the relatively new CBC model. The initial

research is positive but CBC efficacy merits further investigation, specifically with minority parents.

Current CBC research has yet to involve ethnic minorities as active participants. It is necessary to systematically investigate the utility of the model with consultees presenting diverse personal characteristics and relationship factors (Colton & Sheridan, 1998).

Finally, while there is not a lack of conceptual models in school consultation literature, there is a lack of scientific investigation to support such models. The lack of empirical substantiation has led to emerging doubts about the effectiveness and usefulness of consultation services. Graham (1998) states that the need for empirical studies in school consultation is imperative.

Limitations of the Study

The limitations of the study include the following. Two main concerns affect generalizability of findings. The subject and participating consultees were selected based on meeting certain criteria and were not randomly selected. Also, the single-subject design did not allow for comparison or control subjects, limiting the conclusions and generalizations that could be made.

Modified versions of intervention and CBC rating scales were used for data collection. There were no reliability and validity estimates for these modified instruments.

Another limitation was the subject's self-monitoring accuracy. No interrater reliability checks were conducted, although the teacher discussed her perceptions with the student when it was time to graph his behavior. An additional limitation was the lack of reliability checks of parent ratings of subject's behavior in the home setting.

CHAPTER II

LITERATURE REVIEW

The schools of the nation are continually undergoing reform. Political reports, educational recommendations, and research attest to an ongoing era of reform. Many reports emphasize the role of the parent in making education work. One aspect of the reform movement is the improvement of home-school collaboration practices.

This chapter will review where we have been and where research indicates we are going in home-school collaboration practices. The effects, benefits, and barriers of home-school collaboration are presented. A theoretical framework of the specific model of CBC is presented, along with cross-cultural research, outcome research, case studies, process research, and acceptability research. Literature supporting the intervention strategies used in this study is also presented.

History of Home-School Relationships

Olsen and Fuller (1998) looked at the history of the relationship between school and family. In the 17th century when public schools were initiated, parents had tremendous influence on the schools, the teachers, and the teaching that took place.

Home-School Collaboration

Over the past decade there has been a large amount of literature dedicated to the issue of renewing and strengthening home-school collaboration. Creating collaborative partnerships between families and schools requires the recognition that students' families can be a major resource for improving educational outcomes (Weiss & Edwards, 1992). Putting these home-school partnerships into practice is the next step for professionals dedicated to the educational evolution.

According to the American Heritage dictionary (1985), to collaborate means "to cooperate or work jointly with others" (p. 291). Collaborative school relationships are complimentary partnerships in which the underlying goal is optimal school success for all students. Home-school collaboration is parents and schools sharing the responsibility for student learning. Christenson et al. (1992) concluded that "Home-school collaboration is an attitude not an activity, and occurs when partners (parents and educators) share common goals and responsibilities, are seen as equals, and contribute to the collaborative process" (p. 22).

Several key elements of collaborative relationships have emerged: mutual respect for skills and knowledge,

honest and clear communication, two-way sharing of information, mutually agreed upon goals, and shared planning and decision making (Vosler-Hunter, 1989). Addressing family diversity is another element to consider in building constructive home-school partnerships.

Epstein's (1987) framework illustrated the five types of involvement that comprehensive school programs provide for families. The five basic types were: (a) basic obligations of families to build positive home conditions that support learning, (b) school-home communications about school programs and children's progress (e.g., notices, report cards, conferences, phone calls), (c) involvement at school (e.g., attend school functions, volunteer), (d) involvement in learning activities at home, and (f) partnering in decision making at both the systems and individual child level.

Systems and Individual Child Level Collaboration

Epstein's (1987) final category of parental involvement included parents as advocates and decision makers. The Parent Teacher Organization (PTO), Advisory Councils, Chapter One programs, or other committees or groups at the school district or state level are established to provide parents with avenues to be decision makers at the systems level. Investigations of parent involvement in decision

making indicated that parents, teachers, principals, administrators and school board members desired greater involvement of parents in decision making (Christenson et al., 1992).

Since the passage of Public Law 94-142 (Education of All Handicapped Children Act of 1975), schools have been required to involve parents of children with special needs. Parents are to be included in problem solving and decision making during the IEP process (Christenson et al., 1992). This would indicate that establishing individual child level collaborative partnerships between educators and parents would be beneficial.

Research in Home-School Collaboration

Research in the area of home-school collaboration has accumulated over the years to support its importance in the education of children. This section will review systems level collaboration research in the areas of parent involvement effects, benefits of home-school collaboration, and barriers of home-school collaboration. This section will also include a review of the individual child level collaboration model of CBC. A theoretical framework contributing to CBC is presented along with research on culturally sensitive services.

Systems-Level Parent Involvement Effects

Hansen (1986) conducted research looking at the interplay of family interactions and classroom interactions that influence student's academic success. By classifying classroom and family units into the three categories of cohesive, coercive, or laissez-faire, comparisons were made. Hansen hypothesized that children would perform best in school environments that most closely matched that of their home environment. Results indicated that the match between home and school was the critical factor and the higher the discontinuity between locations the lower the child's grades were.

Another home-school collaboration study was conducted by Collins, Moles and Cross (1982). They looked at 28 programs in which parents and teachers were working in collaborative relationships. This study recorded the goals of the programs and the modes of contact that were utilized. Programs focused on improving math and reading achievement, social development, and school attendance. Modes of communication included individual conferences, workshops, home visits, and telephone contact. Reports from 19 of the programs indicated positive results in reduced absenteeism, higher achievement scores, improved student behavior, increased confidence, and parent participation.

Several school programs were noted for their leading role in the promotion of home-school collaboration. The New Haven Primary Prevention Project was developed to alter the governance and organization to two inner-city New Haven schools. This long-term program began in 1968 and over two decades explored a wide variety of parental involvement activities. Results indicate significant and long-lasting improvements in student achievement, reduced absenteeism, and minimized conflicts between parents and educators (Christenson et al., 1992).

In Chicago, Grant school formed a committee of parents and educators to work toward meeting common goals. Teachers, parents, and students signed contracts that specified their role in attaining the goals. Principals rated how intensely involved with the intervention the participants were and results found that students in the intensively involved groups gained 1.1 grade equivalents in reading comprehension while students who were less intensively involved gained a .5 grade equivalent (Walberg, Bole, & Waxman, 1980).

Benefits of Systems-Level Home-School Collaboration

Christenson et al. (1992) summarized four comprehensive literature reviews that investigated the benefits of parent involvement. They developed the following conclusions:

1. Parent involvement is correlated with student achievement. When parents are involved, students have higher grades and test scores and better long-term academic achievement.

2. Parent involvement affects non-cognitive behavior. Student attendance, attitudes about school, maturation, self-concept, and behavior improve when parents are involved.

3. There are benefits for parents, teachers, community, and schools when parents are involved. In general, there are more successful educational programs and effective schools.

4. All forms of parent involvement strategies seem to be useful. However, those that are meaningful, well planned, comprehensive, and long lasting offer more options for parents to be involved and appear to be more effective. Student achievement is greater with meaningful and high levels of involvement.

5. Achievement gains are most significant and long lasting when parent involvement is begun at an early age.

The benefits of parent involvement have been documented in the literature and suggest that the parent-as-partner approach is worthwhile (Becher, 1986).

Barriers of Systems-Level Home-School Collaboration

It is important to consider barriers that effect home-school collaboration. Leitch and Tangri (1988) questioned 60 black families and the teaching staff of one urban junior high school about their perceptions of the barriers they experienced in the home-school collaborative relationship. Nearly 50% of teachers attributed barriers to the parents. Parents also saw themselves as central barriers in the collaborative effort citing work responsibilities, health problems, and lack of communication. The authors suggested that a major barrier in the partnership was the lack of mutual understanding for those involved.

There are many benefits to developing home-school collaboration programs but there are also barriers that need to be addressed to ensure the success of such relationships. Thirty years of educational research suggests that parental involvement in a child's education is the most consistent indicator of whether that child is successful in school. Today's educators are trying to find ways to bridge the gap between home and school, increasing the involvement of parents in collaborative interventions to help create this essential foundation of support (Warner, 1997).

Individual Child Level Collaboration: Conjoint Behavioral Consultation

The advancement of effective home-school partnerships requires the development of clear and operational procedures to guide professionals through the process. To facilitate collaborative partnerships between home and school systems, conjoint behavioral consultation (CBC) appears to be a promising model. Conjoint rather than parallel (i.e., teacher-only or parent-only) consultation is designed to work with consultees from various systems in a collaborative problem-solving process (Sheridan & Kratochwill, 1992).

Figure 1 displays a structural model of conjoint behavioral consultation that emphasizes the reciprocal, interactive systems in a child's life (Sheridan et al., 1996, p. 42).

Theoretical Framework Contributing to Conjoint Behavioral Consultation

The various theoretical frameworks that contribute to the conceptualization of conjoint behavioral consultation are described here. Conjoint behavioral consultation expands on traditional behavioral consultation to include important systemic and ecological events (Kratochwill & Bergan, 1990).

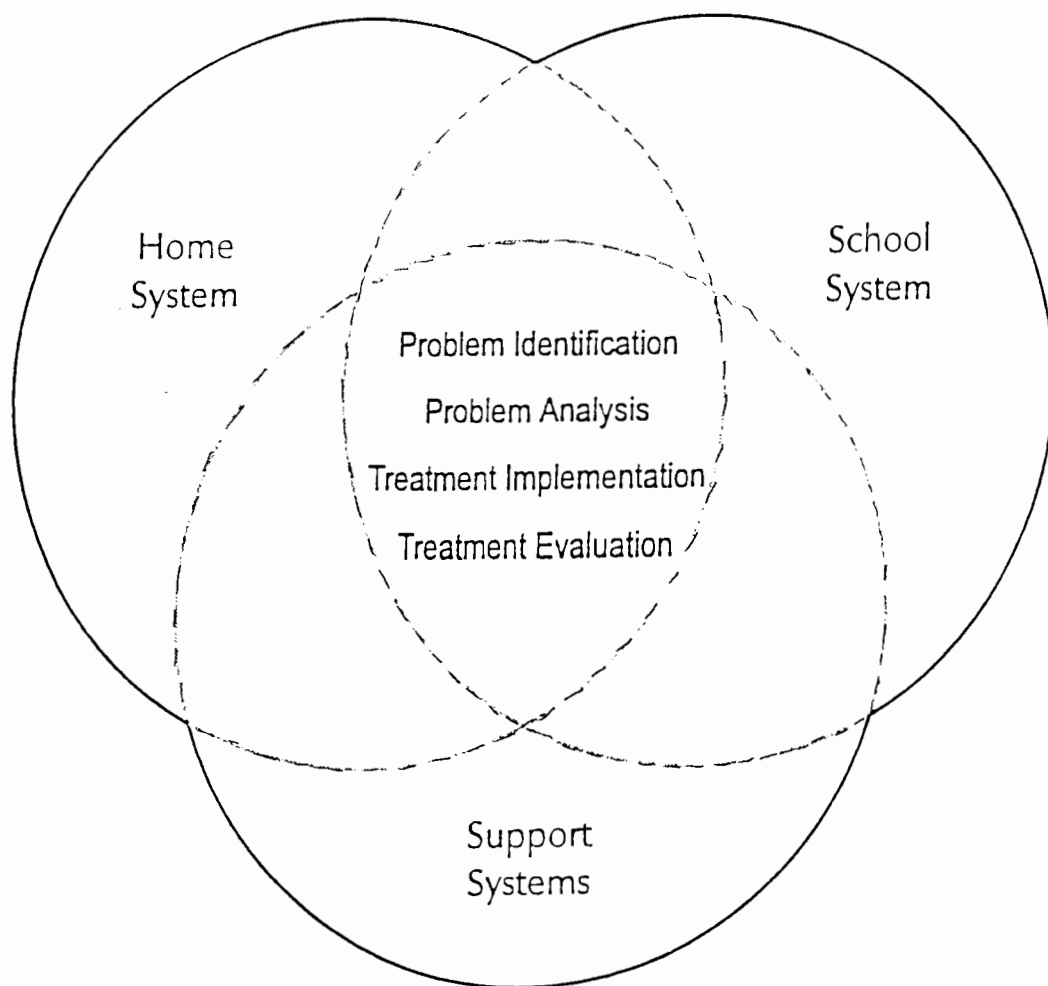


Figure 1. Structural model of conjoint behavioral consultation. (Source: Sheridan, S. M., Kratochwill, T. R., & Bergan, J. R., 1996.) Conjoint behavioral consultation: A procedural manual (p. 42). New York: Plenum.

Behavioral theory. Behavioral theory contends that behaviors are learned as a function of their interaction with the environment. Behavioral approaches focus on the observable behavior of the client and rely on specific techniques that use learning principles to change behavior. Behavioral consultation provides a useful, empirically documented framework for working within and between systems to effect change (Kratochwill & Bergan, 1990). The behavioral approach can be limiting in that it is constricted to observable behaviors and does not consider the underlying causes of problem behavior.

Systems theory. Systems theory concentrates on describing behaviors and interactions within and between families and organizations (Conoley, 1987). The primary assumption of systems theory is that individual dysfunction is symptomatic of structural and interactional difficulties in the larger system (i.e., the family or the classroom). Accordingly, the child's problem does not reside within the child or the environment but occurs as a function of the interaction of the child with the system of which he is a part. Each system of which the child is a part has its own rules, relationships and communication structures. The different systems overlap and what is experienced in one

system will affect the child's behavior in other systems (Walsh & Williams, 1997).

Systems theory can offer insight into family-school relationship patterns, it also can be limiting when working in a consultative approach. Systems theory teaches that the unit of intervention is not the individual but the social context, making it difficult to identify and define the client during services. Also, systems procedures are generally descriptive and nonstandardized, making them difficult to use in research (Peeks, 1997).

Ecological theory. Ecological theory focuses on interaction between the individual and the environment. The assumption that each child is an inseparable part of a small social system is central to ecological theory.

According to Bronfenbrenner (1977), within the ecological environment are four interrelated systems: the microsystem, the mesosystem, the exosystem, and the macrosystem. The microsystem consists of the relationship between the child and the child's immediate setting (e.g., home, school). The mesosystem consists of the interrelations among the major settings and systems in the child's life (e.g., interactions between home and school, or between the child's parents and the child's peer group). The exosystem influences are events in settings in which the

child does not directly participate but that will impinge upon the immediate settings in which the child is involved (e.g., events at the parent's work place or in the teacher's home life). The macrosystem entails the overall cultural and subcultural patterns of society (e.g., values and traditions of the community, broad economic, political and legal systems; Sheridan et al., 1996).

While it is important to consider the dynamics of each level of environmental system, the mesosystem of the child is important to conjoint behavioral consultation services. The reciprocal influences of the home and school systems can have a significant impact on the development of the child (Sheridan, 1992). A child's experiences at school will influence experiences and behavior at home while the child's experiences at home will influence experiences and behavior at school.

There are several advantages of this collective theoretical framework. First, behavioral approaches are more conducive to standardized procedures, and they generally provide objective observational data to verify changes in functioning. Second, the ecological and systems theories allow the professional to investigate the underlying cause of the child's problems beyond that of behavioral theory intentions. By looking at all the

variables that influence the child, professionals can provide comprehensive, inclusive services. This framework encourages the openness needed to provide culturally sensitive services. Third, interventions can be used in the child's natural environment, within the home and the school settings, promoting generalization of the behavior. Finally, ecological interventions can have a broad positive impact that benefits others as well as the client (Sheridan et al., 1996).

Culturally Sensitive Services and CBC

The recognition that cultural identity issues are complex and not simple in a population that is increasingly multicultural raises many urgent issues in the delivery of school psychological services. Sheridan (1992) suggests that "given the emphasis on including all parents in the educational process (including those from different cultural and ethnic groups), it is necessary to determine those practices that are more or less effective with diverse families" (p. 97).

The notion of cultural sensitivity implies not only an understanding to a group's unique values, beliefs, and customs, but an appreciation of these differences as well. Rather than judging a group by a particular standard, cultural sensitivity acknowledges different ways of being

and acting. Differences are not automatically seen as deficits (Gorman & Balter, 1997). Gorman and Balter (1997) suggest that quantitative studies of the efficacy of programs and services for ethnic minorities are needed to further guide efforts to serve these populations.

When a model for service delivery is being developed it is important to establish cross-cultural validity in the empirical research. Cross-cultural validation measures are used to establish that the service model is sensitive to group differences. The lack of cross-cultural validation can contribute to inaccurate diagnosis and treatment in multicultural groups (Dana, 1993).

Current conjoint behavioral consultation research has included Caucasian subjects only. It is necessary to systematically study the utility of the CBC model with children and parents from various ethnic and cultural backgrounds (Sheridan, 1997).

Conjoint Behavioral Consultation Research

The empirical base for CBC is expanding. Outcome investigations and structured case studies in CBC were conducted to evaluate the efficacy of the model for a variety of target problems. Research was also conducted to assess the communication processes of conjoint behavioral

consultation. Acceptability of the model was evaluated in a national sample of school psychologists.

Outcome research. Two outcome studies assessed the effectiveness of conjoint behavioral consultation for increasing children's social interactions. An initial study (Sheridan et al., 1990) focused on increasing the social initiation behaviors of socially withdrawn children at school and behavior generalization to the home setting. Four socially withdrawn children aged 8-12 from a rural town participated in the study after being referred by their teachers. Participants had to receive low scores (i.e., 25th percentile or lower, relative to a national sample) on the Assertion/Social Initiation Subscale of the Social Skills Rating System (SSRS; Gresham & Elliott, 1990) and on frequency of observed social initiations with peers. Teacher and parent interview data were collected.

Two treatment conditions (i.e., CBC and teacher-only consultation) were compared. Both conditions used the same systematic behavioral consultation procedure (Kratochwill & Bergan, 1990). In both experimental conditions children were exposed to the same behavioral treatment in the school setting (i.e., goal setting, self-monitoring, and positive reinforcement). In the CBC condition, the behavioral treatment was also carried out at home.

Multiple baseline across subjects designs were used to evaluate the effectiveness of consultation interventions. With CBC, social initiations increased at both home and school. Baseline performance at school was approximately one initiation per week and increased to three to four initiations per week during the last phase of treatment. At home, baseline initiations were approximately one per week and increased to seven per week during the last phase of treatment.

The teacher-only consultation condition produced increased initiations at school only. Baseline initiations were approximately one per week and increased to rates between 6 and 26 during the last phase of treatment. Gains were maintained for all children in the school setting but were more significant in the CBC condition.

In summary, social initiations by socially withdrawn children were effectively increased through behavioral consultation. Generalization of the behavior to the home was successful with the use of conjoint behavioral consultation only.

Another outcome study (Colton & Sheridan, 1998) investigated the effects of CBC with a behavioral training and reinforcement intervention to increase cooperative play behaviors. Subjects were three Caucasian boys, ages 8 to 9,

who were diagnosed with attention deficit-hyperactivity disorder (ADHD). Consultees were three Caucasian mothers of low socioeconomic status and three Caucasian teachers in a large urban area. The CBC procedure used the systematic behavioral consultation format of Kratochwill and Bergan (1990) and the behavioral treatment of social skills coaching and role playing, a home-school communication system, self-monitoring of recess behaviors, and positive reinforcement. Friendship recipe cards were used as the coaching medium to help the subject learn the steps to seven different social skills. Subjects practiced the skill, self-monitored their performance of the skill at recess, discussed it with their teacher, completed a home note, and received positive reinforcement at home for achieving a predetermined number of points.

Based on direct observation data, positive play behaviors with peers increased and all parent and teacher ratings on the SSRS indicated positive increases in overall social skills scores from pre to posttreatment. Social comparison data suggested that all children demonstrated substantial behavioral gains and increased their positive interactions. In summary, CBC was an effective model for improving social interactions for students with ADHD.

Case studies. Case studies using conjoint behavioral consultation were conducted to investigate the effectiveness of this model of service. Galloway and Sheridan (1994) worked with six primary grade students who failed to complete math assignments on time or with an acceptable level of accuracy. All demonstrated performance deficits that were resistant to previous intervention attempts.

Two case studies looked at the effectiveness of a standard intervention with and without the inclusion of CBC. Both studies involved the use of a home note to report daily math performance, process behavior to help them complete work, and a checklist to help parents with what was to be done at home. A manual was also developed to assist the parents with the behavioral treatment. In the first set of case studies, the manual and the home notes served as the only intervention. In the second set of studies, the home note and manual were used along with conjoint behavioral consultation.

The three children in the home note-only intervention case studies showed improvements in math completion and accuracy (between 20% and 84% gains over baseline) but scores were unstable during and after treatment. Children in the home note-with CBC case studies demonstrated improvements in math completion and accuracy with higher and

more stable gains (up to 149% gains over baseline). These case studies also found enhanced treatment integrity, maintenance of treatment gains at follow-up, and consumer acceptability. Parents in the CBC case studies were found to use positive reinforcements more effectively than the parents in the home note-only case studies.

In summary, students with academic performance difficulties who did not respond to traditional interventions found success when conjoint behavioral consultation was combined with a home note intervention. Maintenance and generalization improved when conjoint services were used.

Sheridan and Colton (1994) examined the effects of CBC for a child with irrational fears. The kindergarten teacher referred a 6-year-old boy who spoke of nightmares, was afraid to sleep alone, and had slept in his parents' room every night for the past two years. The CBC goal was to get the child to sleep in his own room on a regular basis. Treatment involved a gradual fading-of-environment procedure and positive reinforcement delivered each time the child slept closer to his own room.

Direct observation data collected by the mother revealed dramatic, immediate, and stable improvements. Seven steps were identified during treatment. At each step,

the child moved closer to his own room to sleep until he was successful in sleeping the night in his own room. There was no regression in behavior at a one month follow-up.

Although this type of behavior problem is not typically dealt with in the schools, CBC was effective in this case.

Process research. Initial research assessing verbal processes in conjoint behavioral consultation was conducted. Sheridan (1997) investigated consultant and consultee statements in CBC compared to statements made in teacher-only consultation. Verbal behaviors were analyzed in relation to some of the CBC goals and the following hypotheses were made: (a) there would be more statements about background environment and behavior settings in CBC than in teacher-only consultation, (b) parent consultees would emit an approximately equal number of statements as teacher consultees, (c) the proportion of statements from teachers would be significantly less in CBC interviews than in teacher-only consultation interviews, and (d) a greater number of consultant elicitors would be present in CBC interviews than in teacher-only consultation. Verbatim transcripts of Conjoint Problem Identification Interviews from six cases were analyzed and coded using the Consultation Analysis Record (Bergan & Tombari, 1976).

Results found no difference in the amount of statements made regarding the background environment and behavior settings in the CBC transcripts as compared with teacher-only transcripts, contrary to predictions. Findings showed that parents were active in the Problem Identification Interview, contributing a slightly higher percentage of verbalizations than the teachers (32% and 24%, respectively). These findings support the CBC goal of obtaining information from parents and promoting their active involvement in problem-solving.

The teacher's verbal contributions during CBC were proportionately less than verbal contributions during teacher-only consultation (24% of all statements in CBC were made by teachers compared to 74% in teacher-only consultation). This suggested that the teacher's role in CBC may be different than in teacher-only consultation.

Findings also indicated that consultants tended to control more of the discussion in CBC. Specifically, 56% of the statements made in CBC interviews were made by consultants, as compared to 26% in teacher-only consultation. Consultants also made 79% of all elicitors in CBC indicating they took on a more directive role.

Acceptability research. Acceptability in practice is an important aspect in the development of a new model of services. Sheridan and Steck (1995) conducted a national survey of nationally certified school psychologists to investigate the acceptability of CBC. Using items from the Behavioral Intervention Rating Scale (Von Brock & Elliott, 1987), the acceptability of CBC in relation to consultant variables (i.e., age, level of training, years experience, theoretical orientation, age of student served) and perceived logistical barriers (i.e., time, administrative support) was investigated. Also assessed was the differential acceptability of CBC in contrast to other modes of service delivery (i.e., direct service and teacher and parent-only consultations) for academic, behavioral and social-emotional problems.

Survey results were supportive of CBC as a consultation service delivery model, rating CBC as very acceptable (mean = 4.2 on a 5-point acceptability Likert scale). Time concerns and perceived administrative/organizational support for implementing the procedure had the most effect on acceptability ratings. Variables such as age, level of training, years experience, and age of student had little effect on acceptability ratings. CBC was rated as more

acceptable than any other mode of service delivery across all problem types.

Conjoint behavioral consultation research is expanding with positive and encouraging results. However, there are numerous areas in which to establish the value of conjoint behavioral consultation as a service model. First, the long-term effects of CBC on the relationship between parent and teacher should be further studied. Second, research should involve clients of different ages in the four stages of CBC. Third, it is necessary to systematically investigate the use of the model with children from various ethnic, educational, and socioeconomic backgrounds. It may be beneficial to assess their perceptions of the CBC process and its outcomes.

Intervention Strategies

During problem analysis the specification of strategies provides a way to introduce psychological principles based on research findings into consultative problem solving (Bergan, 1977). Developing effective intervention strategies is an important part of providing consultation services. Empirical evidence is used to determine which interventions would be appropriate for the given situation. Intervention strategies used in this project were reviewed.

Self-monitoring. According to Sprick et al. (1993), self monitoring is an intervention that helps students become aware of their problem behavior and the improvements they are striving to make. Self-monitoring allows students to become more aware of their behavior so that they can take responsibility and learn to control the behavior. Several rationale for the use of self-monitoring include: teaching self-control to students is a primary goal in education, research suggests that self-monitoring can increase the effectiveness of interventions, self-monitoring can decrease the need for direct intervention by teachers, saving them time, self-monitoring may improve maintenance and transfer of intervention effects (Froyen & Iverson, 1999). The results of numerous studies support the efficacy of self-monitoring as an intervention (e.g., Hallahan & Sapona, 1983; Hughes & Hendrickson, 1987; Lloyd, Landrum, & Hallahan, 1991; Prater, Joy, Chilman, Temple, & Miller, 1991; Shapiro & Cole, 1994; Sprick et al., 1993).

Cueing. Cueing is an intervention used to help students become more aware of the behavior that they are or are not doing. Verbal cueing systems can also be used to prepare a student to process the information that will follow. Froyen and Iverson (1999) suggested that cueing systems can be especially effective for students who have

the ability to behave appropriately but have difficulty thinking before they act.

CHAPTER III

METHODOLOGY

ParticipantsSubject

The subject was a 5-year-old African American male. His kindergarten teacher referred him for low rates of participation in group lessons and intelligible responses to questions.

Educational history. The subject participated in an initial comprehensive educational evaluation at three years of age while attending a Head Start preschool program. Results of the evaluation found him to have below average intellectual and language abilities. He received speech and language support services three times per week for a total of 90 minutes per week. His current IEP goal states that he will speak in a manner that is more intelligible to the listener and in longer, more complete sentences. In a recent evaluation, the school psychologist determined that the subject's speech was generally unintelligible, had numerous omissions and substitutions, and consisted of one to three word sentences.

Consultees

Teacher. The teacher was a white 29-year-old female with five years of teaching experience. She received her teaching degree from an accredited private college with endorsements in Language Arts and Early Childhood. She was working for a masters degree in Educational Leadership at the time of the study. Her five years of teaching experience were in a kindergarten-first grade classroom.

Parent. The teacher and the mother of the subject served as consultees during the conjoint behavioral consultation condition. The parent consultee was a 32-year-old African American female. She was the mother of four children: a 16 year old; a 9 year old; and 5 year old twins.

Setting. The urban school involved in the research served 285 students enrolled in preschool through fifth grade. The student population at the school included 34% ethnic minorities and provided 85% of the students with free lunch services.

Consultant

The consultant was a 30-year-old white female graduate student in school psychology. She was experienced in the principles and procedures of behavioral consultation and

also had knowledge and skill regarding the presenting problem and its treatment.

Consultation Process and Content

The process focused on conjoint behavioral consultation procedures. The content of consultation focused on the problem definition and the subsequent interventions.

Consultation Process

The consultant met once with both the teacher and the parent prior to the implementation of consultation to begin establishing rapport, provide information, establish roles and responsibilities, address questions and concerns, and obtain consent for participation. Four behavioral consultation interviews (see Appendix A for complete interview protocols) were conducted with the consultees. (Interviews were procedurally operationalized through a set of standardized behavioral interviews, Sheridan et al., 1996). All interviews took place in the classroom setting.

Problem identification interview. The first interview was problem identification (PII) and focused on specification of the problem to be targeted during consultation, the measurement of current performance, and the discrepancy between existing and desired subject performance.

The PII was conducted conjointly with the mother and teacher to operationally define their concerns regarding the subject's communication and participation. During the PII, both consultees expressed their primary concern as the subject's difficulty taking in information and acting appropriately.

Specifically, the teacher stated that the subject did not join in group sessions and when asked a direct question about information with which he was familiar, he did not formulate an appropriate response. The teacher reported that, in the past, the subject relied on his sister or others to answer for him or to explain to others what he wanted. The subject typically used gestures or one to three word utterances when trying to communicate.

The parent expressed concern that the subject was unable to follow directions at home when asked the first time. Not following directions included getting ready in the morning for school, picking up toys, and getting ready for bed at night. According to the mother, the subject had to be told repeatedly to complete these tasks.

It was the consensus of the consultees and the consultant that the general behavior targeted for intervention was the subject's low frequency of responding verbally or physically to requests. This behavior was

operationally defined in three parts: to increase the frequency of participation in small groups, to increase the frequency of verbal responses made to the teacher's individually stated questions, and to increase the rate of following Mother's directions the first time given.

Goals were established for the home and school environment. In the school, the subject was to provide a response to three questions a day posed to him by the teacher in a one-on-one situation. He was also to participate twice a day during small group sessions. Participation was defined as raising hand to volunteer a response or to ask a question pertaining to the topic of discussion. In the home, he was to complete the tasks of getting ready for school, picking up his toys and getting ready for bed within 10 seconds of the first request.

Baseline data were collected in both the home and the school. For three days the teacher recorded the number of times that the subject participated in group lessons and the number of times he gave responses to individually stated questions. The teacher recorded anecdotal notes to help identify significant antecedents or consequences of the behaviors.

For three days the parent recorded the number of times that she asked the subject to get ready for school, pick up

his toys, and get ready for bed. She also recorded anecdotal notes to help identify significant antecedents or consequences of the behaviors.

Problem analysis interview. After the PII and baseline data collection were completed, the problem analysis interview (PAI) was conducted to review baseline data and confirm or disconfirm the existence of a problem across settings. Baseline data at school showed that the subject participated in small group lessons (see Figure 2) less than once a day even though small groups met an average of six times a day. When asked a question by the teacher in a one-on-one situation (see Figure 3), the subject responded appropriately less than once a day even though he was presented with questions an average of six times a day. The teacher's anecdotal notes did not reveal any potential variables affecting the subject's behavior.

The parent's records indicated that the number of times the subject needed to be told to complete his tasks ranged from 1 to 5 (see Figures 4-7). Getting ready for bed required the fewest number of instructions. The discrepancy between the subject's current level of performance and the consultees' desired level of performance warranted the use of intervention services. The consultees and consultant

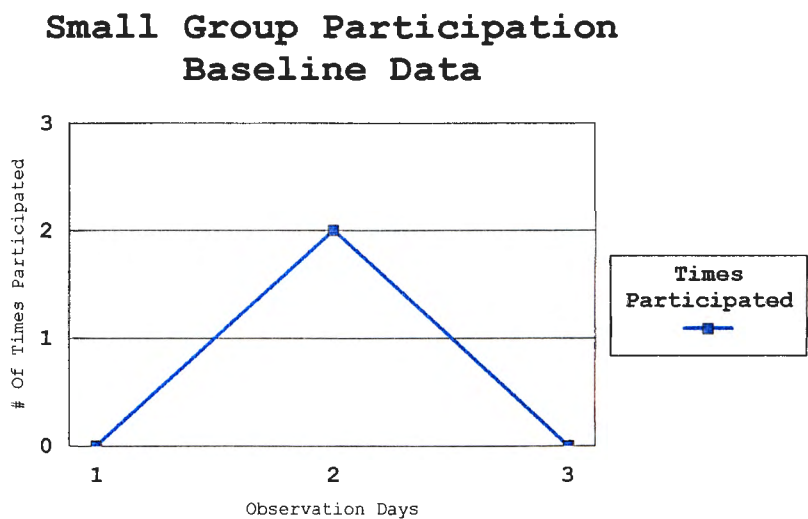


Figure 2. Small group participation baseline data.

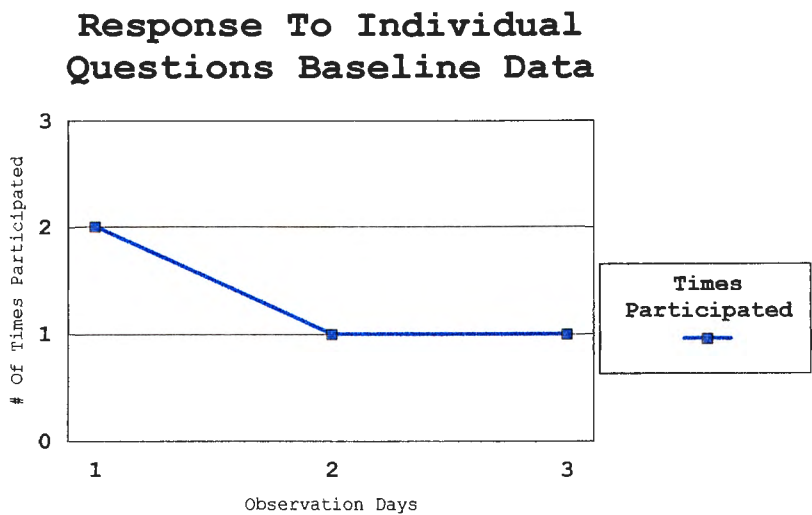


Figure 3. Response to individual questions baseline data.

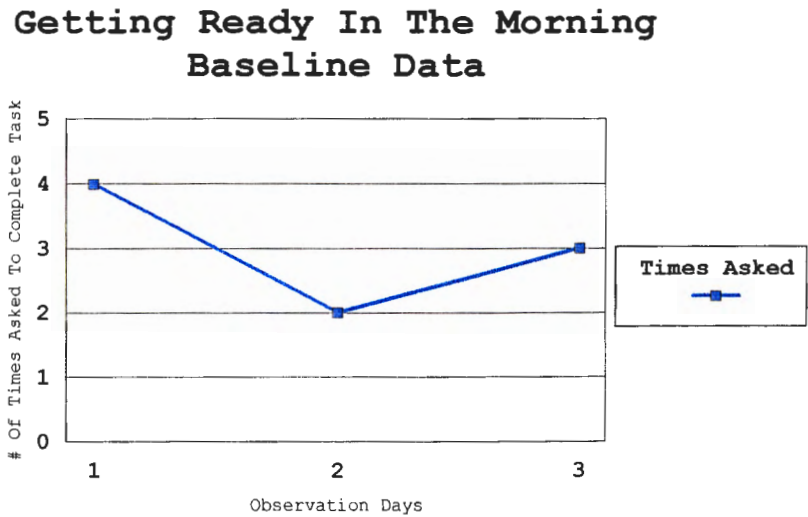


Figure 4. Getting ready in the morning baseline data.

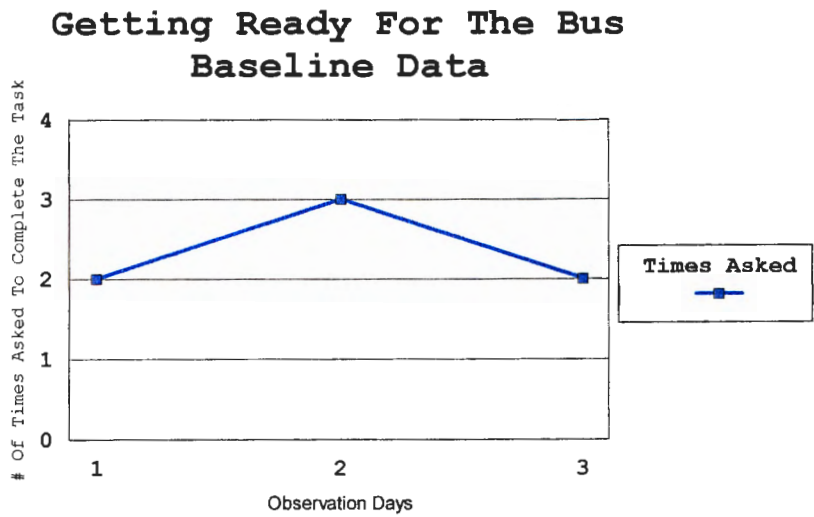


Figure 5. Getting ready for the bus baseline data.

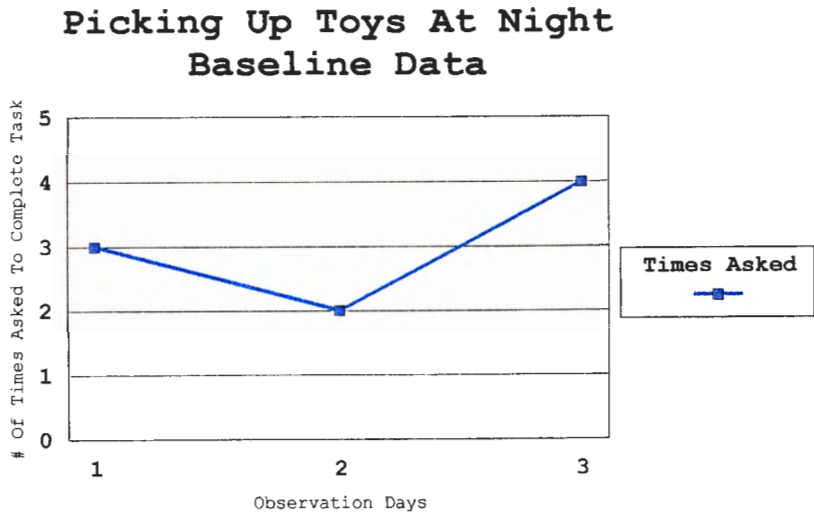


Figure 6. Picking up toys at night baseline data.

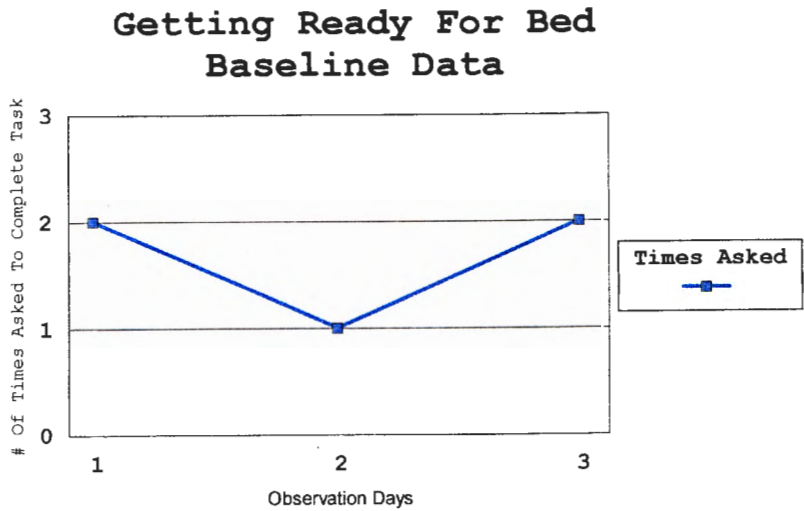


Figure 7. Getting ready for bed baseline data.

worked together to develop a treatment plan that was appropriate for the subject. At school the teacher implemented a cueing system to help the student prepare to answer questions and participate in the small group sessions. The student used a self-monitoring system to record the frequency of his small group participation and responses to individually stated questions. The overall target behavior for the subject was "responding to requests." This was defined in the school as three verbal responses to individually asked questions and two verbal participation acts in small group sessions. The teacher and subject graphed daily performance.

In the home, responding to requests was defined as following directions the first time given in four areas: getting ready in the morning, getting ready for the bus, picking up toys, and getting ready for bed. The home intervention plan consisted of the subject self-monitoring to record his behavior in the four selected areas. The monitoring sheet and other visual reminder sheets were used to help the student complete the tasks. The parent recorded the number of times that the request had to be made before the subject successfully completed the task. The parent set the goal for the subject to complete the task following the first request. Each evening the parent and the subject

would graph daily behavior for each of the four target areas by placing a gold star on the goal line if the goal was obtained.

Treatment implementation. During treatment implementation (TI), the plan was initiated in the classroom and home environment. Treatment was terminated when the goal was attained.

In order to ensure that the consultation process remained a collaborative partnership, role assignment was based on participants' voluntary commitment. The consultant's role during treatment implementation included: directing the plan of treatment and shaping the intervention to appropriately accommodate the consultees and the subject, scheduling the timeline for observations and intervention components, providing skill-training and feedback to the consultees to ensure that the treatment was carried out with integrity, and accumulating graphs completed by the parent, teacher and child to determine if modification of treatment was necessary. The consultant kept track of how much time she spent in each stage of the consultation process.

The consultees were responsible for executing the treatment plan in the school and home environments. They helped develop the methods and materials required to carry out the intervention and data collection. Consultees were

responsible for observation of the target behavior and recording appropriate and accurate data. The consultees communicated weekly with the consultant on an individual basis to discuss the intervention process, graphing, and subject improvement. Consultees met together with the consultant and the subject during the PII, PAI, and the TEI. Consultees kept track of the amount of time they spent in each stage of the consultation process.

Graphing of the data was used to determine the effectiveness of the intervention and when there was a need to modify the treatment. The consultant prepared graphs showing baseline data, treatment data and the desired goal for the target behavior. Graphs were presented to the consultees weekly to provide evidence of behavior improvements over baseline and further growth needed for goal attainment. The teacher and parent also used graphs with the subject to measure daily behavior, reward his improvements by giving the subject stickers to graph with on the days the goal was attained, and provide evidence of further growth needed for goal attainment. Appendix B exhibits the subject's weekly graphs.

Treatment evaluation interview. The treatment evaluation interview (TEI) was completed to determine if the implemented plan was effective in attaining target behavior

goals and to determine what course of action should be taken next. The intervention was implemented for 20 days. It was then determined that the subject was performing at desired levels. During the next five days, the graphing element of the intervention was removed and the subject continued self-monitoring at home and school. The teacher continued to provide the cueing system. At the end of the five days, it was concluded that termination of the treatment plan was appropriate since the subject continued to attained the goal set for him in both the home and school environments. Follow-up data were collected for an additional five days to evaluate maintenance of the desired behavior following intervention termination. The consultees and the subject completed questionnaires and rating scales to further evaluate the effectiveness of the intervention and the consultative process.

A log (Appendix C) of all contacts among participants was kept. Interviews were audiotaped, transcribed, and coded (see Appendix D) to investigate the process components of consultation.

Consultation Content

Following the PII and PAI a treatment package was developed and implemented to increase the subject's active participation in situations requiring him to process verbal

information and respond accordingly. Several intervention components composed the treatment package.

Cueing and response wait time. During small group lessons or during instruction in which the teacher planned to ask a direct question, she implemented a verbal cueing system. The teacher cued the subject to participate during lessons by going to his desk right before the group gathered. She gave him a general idea of what the lesson would entail and told him she would like to hear his ideas or thoughts during the session. When the teacher intended to ask him a question in a one-on-one situation she would tell him ahead of time what the question would be. This verbal cueing system allowed him more time to process information and be prepared to respond appropriately. The teacher also allowed 10 seconds of wait time after asking questions for him to formulate his answer.

Self-monitoring. At school, the subject was given a monitoring sheet (see Figure 8) that had two sections of smiley faces on it. He was to circle a smiley face in the top section each time he verbally participated during small group sessions. He was to circle a smiley face in the bottom section each time he gave an appropriate verbal response to a question asked by the teacher. The teacher

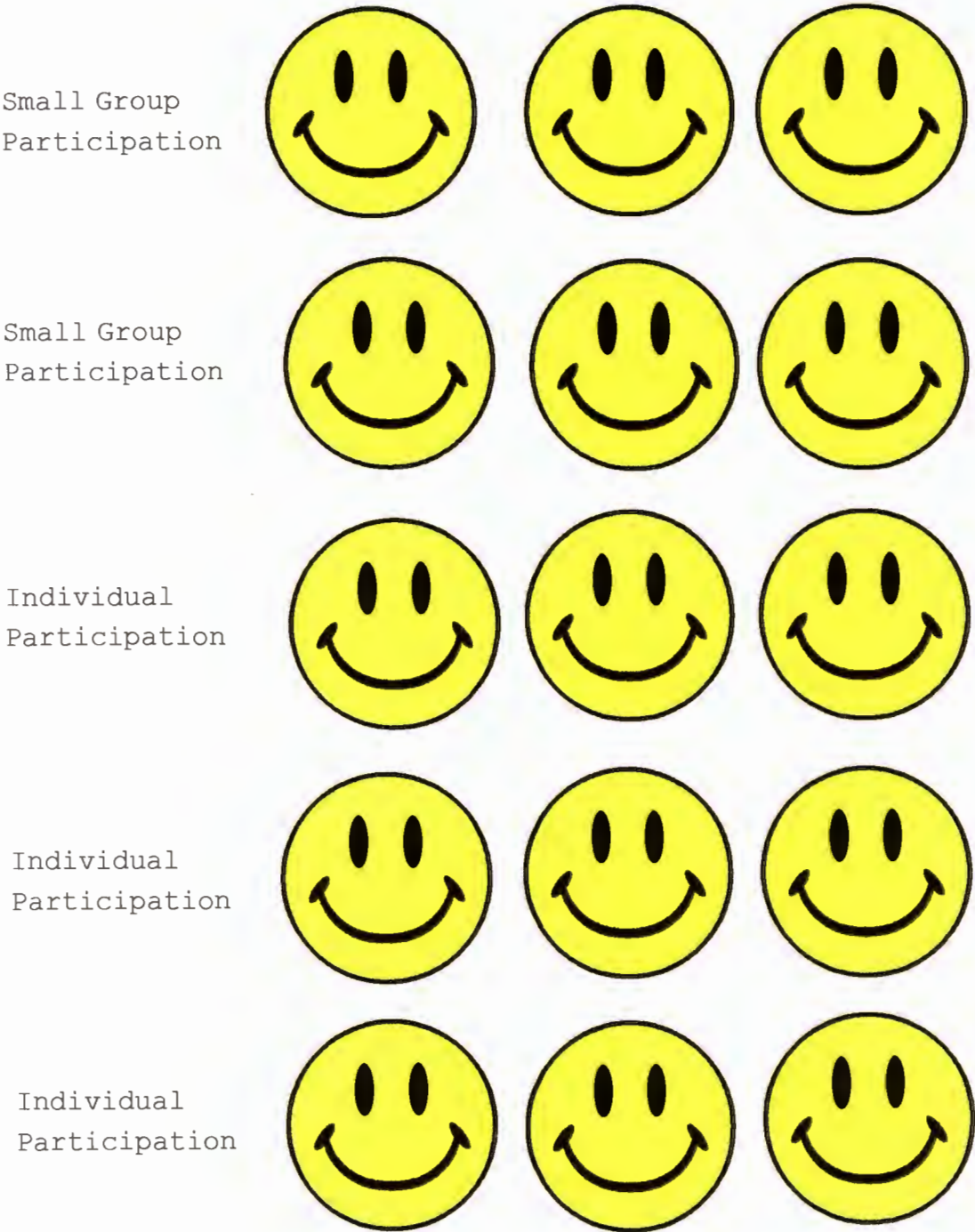


Figure 8. Intervention self-monitoring sheet for in the school environment.

would indicate if his response was "good" or "needed some more effort." The teacher would help him graph his daily performance on two graphs representing small group participation and response to individual questions.

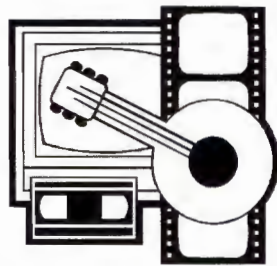
At home, the subject had a self-monitoring sheet (see Figure 9) that was divided into five sections. Each section had a picture that reminded him of the task he was to complete. Under each picture there was a smiley face that he was to circle after he had completed the task. The parent asked the subject to: get ready in the morning, get ready for the bus, pick up his toys, and get ready for bed. More picture sheets were used in the home to remind him of what each task involved. For example, by the front door a "getting ready for the bus" chart was hung showing pictures of a coat, shoes, book bag, hat and gloves, and monitoring sheets. The parent recorded how many times she asked the subject to complete each task. They would graph each different task at the end of the day by putting a star on his goal line if he had completed the task after being told once.

Intervention Integrity

To increase the integrity with which the treatment program was administered, both consultees were given a packet that included: written guidelines and scripts on how



GET READY FOR SCHOOL

☐

WHEN READY FOR
SCHOOL...
CAN WATCH RUGRATS

TV NEEDS TO BE
TURNED OFF WHEN
SHOW IS OVER



GET COAT, SHOES, BOOK
BAG ON READY FOR BUS

☐

PICK UP TOYS

☐

GET READY FOR BED

☐

GO TO BED 8:00

☐

Figure9. Intervention self-monitoring sheet for in the home environment.

to implement and explain self-monitoring to the subject, a guide for using the graphs appropriately, and a descriptive list of the steps involved in the treatment program (see Appendix E). The mother agreed to tape record the initial interactions she had with her son at home involving the implementation of the treatment plan. The consultant later transcribed (see Appendix F) and compared the tapes with the treatment guidelines and scripts. The teacher conducted a self-evaluation of her adherence to the treatment guidelines and scripts. The consultant conducted several informal observations in the classroom to establish that the cueing system and response wait time were being implemented appropriately.

Intervention Acceptability

Adapted versions of the Consultee Satisfaction Form and the Consultation Evaluation Survey (Brown, Pryzwanske, & Schulte, 1998) were used to evaluate the parents' and teachers' acceptability of conjoint behavioral consultation. The adapted CBC rating scales consisted of 19 items rated on a 6-point Likert scale (see Appendix G).

An adapted version of the Behavior Intervention Rating System (BIRS; Von Brock & Elliott, 1987) was used to evaluate the parents' and teachers' acceptability of the intervention. The adapted BIRS consisted of 19 items rated

on a 6-point Likert scale and focuses on three factors: acceptability, effectiveness and time to effect (Elliott & Von Brock Treuting, 1991). A complete copy of the adapted BIRS is in Appendix H. The teacher and the mother completed the rating scales following the treatment evaluation interview.

The Children's Intervention Rating Profile (CIRP; Witt & Elliott, 1985) was adapted to assess the subject's acceptability of the intervention implemented. The adapted CIRP is a 13-item questionnaire rated on a 5-point Likert scale that pertains to fairness and acceptability of the intervention from the child's perspective. The scale was modified to appropriately accommodate the subjects age. A copy of the adapted CIRP scale is presented in Appendix I. This information was collected from the subject following the TEI.

Experimental Design and Data Analysis

A single subject ABCA experimental design was used to evaluate behavior changes across baseline, treatment, and follow-up conditions. Both the teacher and parent conducted three observations prior to the PAI to establish baseline data. The intervention condition was implemented following the PAI and terminated when the goal was obtained. CBC

effectiveness interviews were conducted with the teacher, parent, and the subject.

The slope of improvement was calculated using the Microsoft Excel computer software program and compared with goal lines for each target area. The treatment was periodically evaluated for needed modifications by determining the degree of slope improvement and its relation to the angle of the goal line.

CHAPTER IV

RESULTS

Research results are presented as two issues, process and content. The process of treatment involved conjoint behavioral consultation services. The content of treatment focused on the presenting problem and the intervention employed.

Consultation Process

CBC Acceptability

Adapted versions of the Consultee Satisfaction Form and the Consultation Evaluation Survey (Brown, Pryzwanske, & Schulte, 1998) were used to evaluate the parents' and teachers' acceptability of conjoint behavioral consultation. The adapted CBC rating scales consisted of 19 items rated on a 6-point (e.g., 1 = strongly disagree to 6 = strongly agree) Likert scale (see Appendix G).

Parent acceptability. The parent reported that the CBC procedures were acceptable (i.e., total mean item score of 5.21 on a 6-point Likert scale). Items that the parent endorsed as most favorable (response = 6.0 for each item; strongly agree) included "The consultant was prompt in evaluating data and providing feedback," "I felt like an active participant during the consultation process," "The relationship between myself and the teacher has improved

through the CBC partnership," and "An atmosphere of trust and acceptance was established during the CBC process."

Teacher acceptability. The teacher reported that CBC was acceptable (total mean item score of 5.74 on a 6-point Likert scale). Fourteen items were endorsed by the teacher as most favorable (response = 6.0 for each item; strongly agree). Examples of these items included "CBC was acceptable to me as the teacher," "I felt like an active participant during the consultation process," "The process of CBC helped me to identify the student's problem," "The relationship between myself and the parent has improved through the CBC partnership," "CBC was an acceptable approach to solving problems in the home and school," and "I would suggest the use of CBC to other teachers."

Consultation Integrity

All CBC interviews were audiotaped. Verbatim transcripts of the PII, PAI, and the TEI were analyzed (see Appendix D). The interviews were coded using the Consultation Analysis Record (Bergan & Tombari, 1976), which allows for the categorization of each thought unit in terms of its source, content, process, and control characteristics. Analysis of the three interviews yielded a total of 363 verbal statements, 55% were made by the consultant, 20% by the parent, and 25% were made by the

teacher. The content section categorized 42% of the statements as plan statements and 35% as behavior statements. The process category consisted of mostly specification (63%) and summarization (17%) statements. Results of the control category showed that 76% of the statements were emitters and 24% were elicitor statements.

Time Spent in CBC

To further evaluate the CBC process, the consultees and consultant recorded the amount of time they spent in each stage of the consultation process. Table 1 shows the amount of time participants spent in each stage of the CBC process. The PII interview lasted 55 minutes. The teacher reported spending a total of 30 minutes over the next three days to collect baseline data. Collecting baseline for the parent took 60 minutes. The PAI interview was 40 minutes long.

Table 1

Time Spent by Participants in CBC Process

| Participant | PII Time | PAI Time | TI Time | TEI Time |
|-------------------|-------------|-------------|------------|-------------|
| Parent Consultee | 115 min. | 40 min. | 270 min. | 40 min. |
| Teacher Consultee | 85 min. | 40 min. | 280 min. | 40 min. |
| Consultant | 55 min. | 280 min. | 600 min. | 40 min. |

During the TI stage of consultation the consultant spent four hours preparing the self-monitoring sheets, instruction guides, and graphs. The teacher reported spending 30 minutes over the first couple of days to explain and monitor the implementation of the plan with the student, thereafter she spent approximately 10 minutes a day implementing the plan. The parent noted that she spent 20 minutes to initiate the plan with the student and approximately 10 minutes a day thereafter. The consultant spent approximately 2 hours a week communicating and supporting the consultees, conducting observations, and creating and analyzing graphs.

The TEI was 40 minutes. The consultant and consultees determined that the goals were met and the consultation services could be terminated. The plan was implemented for 25 days.

Two items on the CBC rating scale focused on time spent in CBC. Both the teacher and parent responded favorably to the items "The amount of time spent in the CBC process was acceptable" and "Each step involved in the CBC process was important" (response = 5.0 for each item; agree).

Consultation Content

Research results are presented on the school intervention and the home intervention. The student's

behaviors across baseline, treatment, and follow-up are provided.

School Intervention Results

Small group participation. Figure 10 presents small group participation data across baseline, treatment and follow-up. The first week of intervention indicates that S. was able to attain the goal 60% of the time. The second and third week the goal was attained 80% of the time. During the fourth week, the graphing procedures were excluded and the student attained the goal 100% of the time. During the week of follow-up, goal attainment was again 100%.

Response to individual questioning. Data collected on the student's response to individual questioning is presented in Figure 11. Goal attainment was 20% during the first week of intervention and at 0% during the second week. During the third week of intervention, 60% goal attainment was achieved. The teacher asked an average of six questions each day. The graphing procedures were discontinued for the following week and the student reached 60% goal attainment. The week of follow-up the student reached 60% goal attainment. Although the goal was not attained by the subject, the slope of improvement indicated that there was improvement during Phase one of the intervention and during the week of follow-up.

Figure 10. Small group participation data.

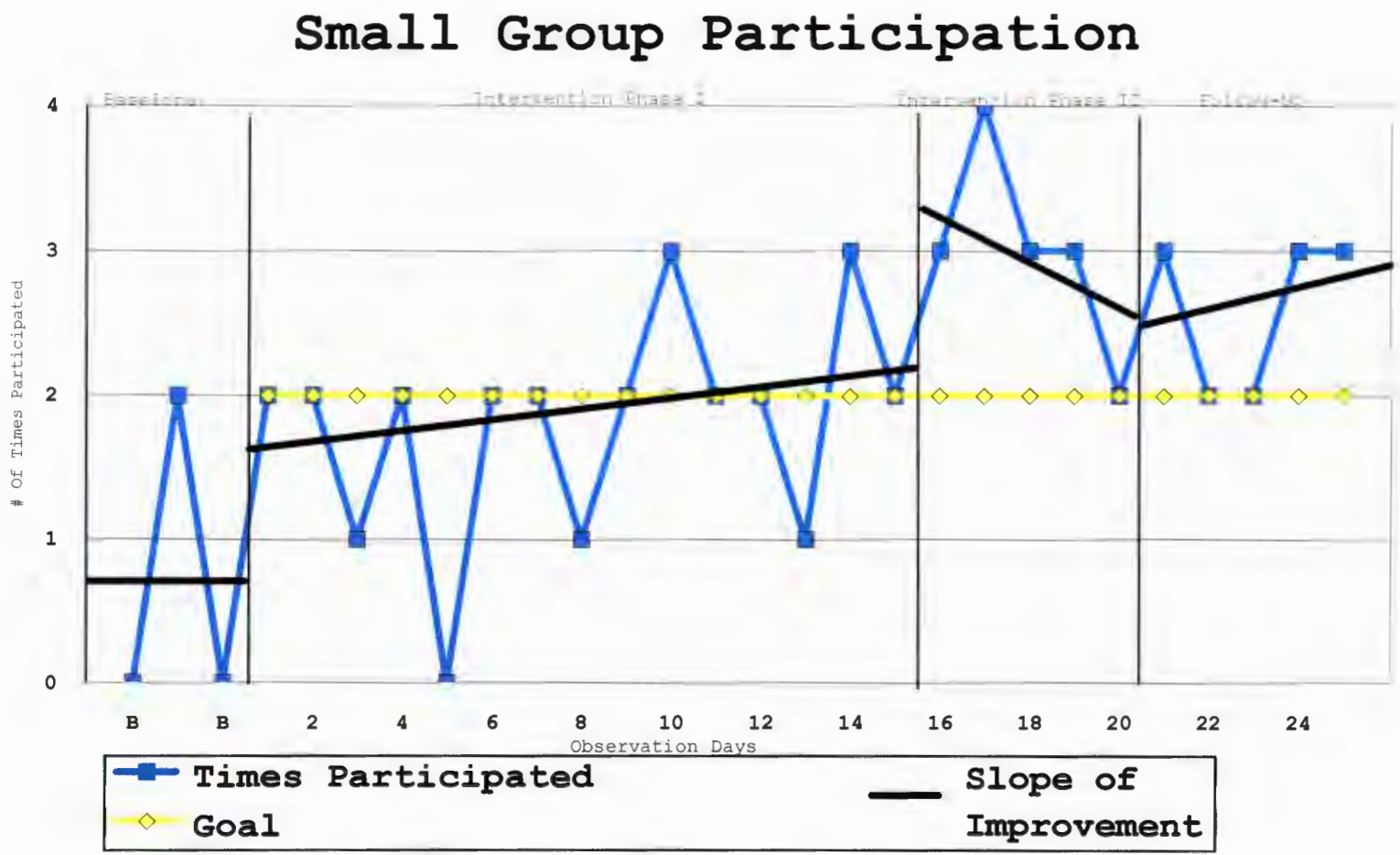
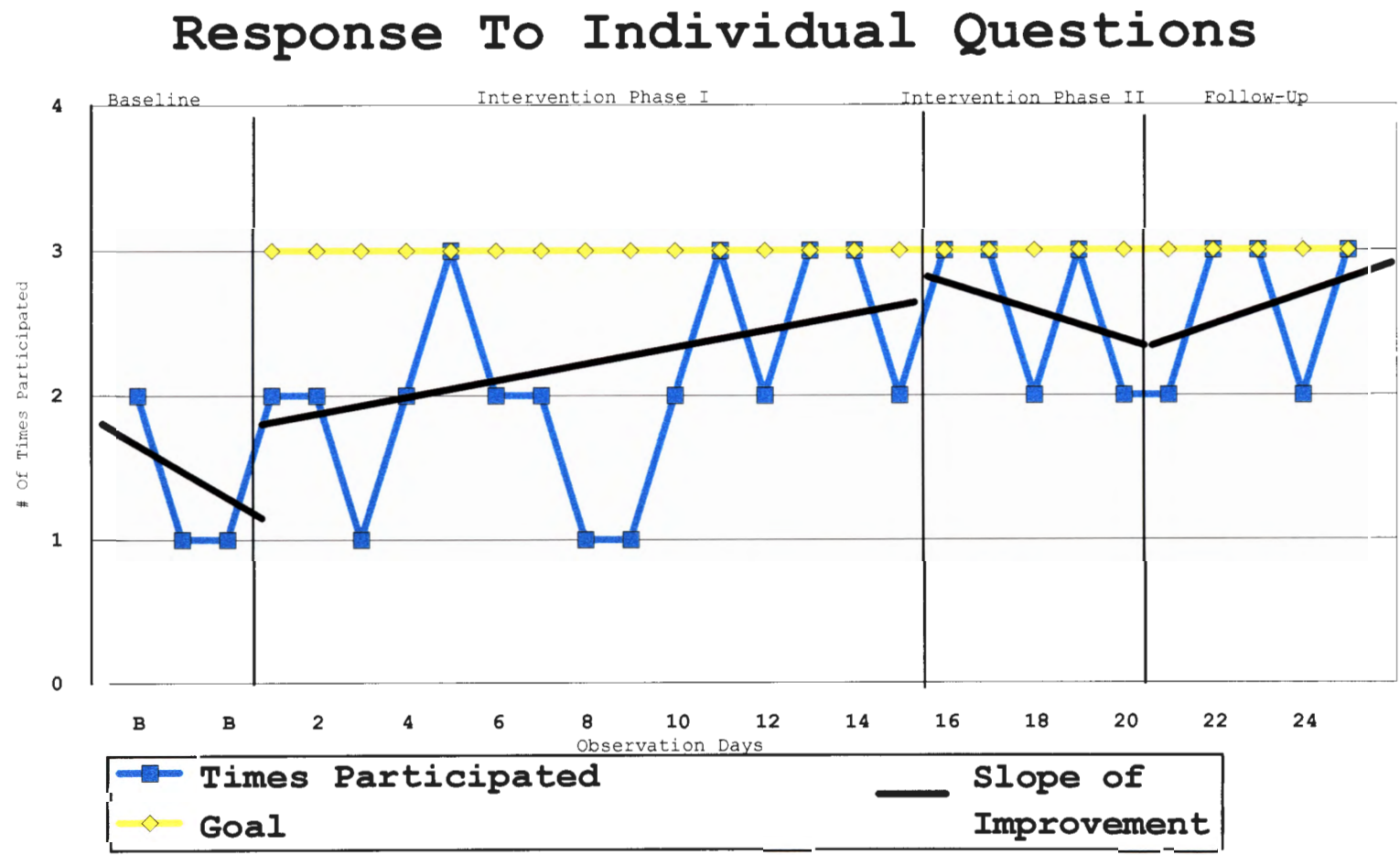


Figure 11. Response to individual questions data.



Home Intervention Results

Getting ready in the morning. Figure 12 presents data collected on the getting ready in the morning task. During the first week of intervention the student never attained the goal. By the second week there was some improvement but goal attainment was at 60%. The third week the student attained the goal 80% of the time. The graphing component was discontinued and the student responded by attaining the goal 60% of the time again. The week of follow-up the student attained the goal 80% of the time.

Getting ready for the bus. Data collected on the getting ready for the bus task is displayed in Figure 13. The first week goal attainment was better than base line but only at 20%. The second and third weeks of the intervention there was a marked improvement of 80% goal attainment each week. The fourth week the graphs were discontinued and the student maintained 80% goal attainment. Follow-up data showed 100% goal attainment.

Picking up toys at night. Figure 14 presents data for the picking up toys at night task. The first week of intervention the student had 20% goal attainment and the second week he had 40% goal attainment. The third week the student reached 80% goal attainment and continued with 80%

Figure 12. Getting ready in the morning data.

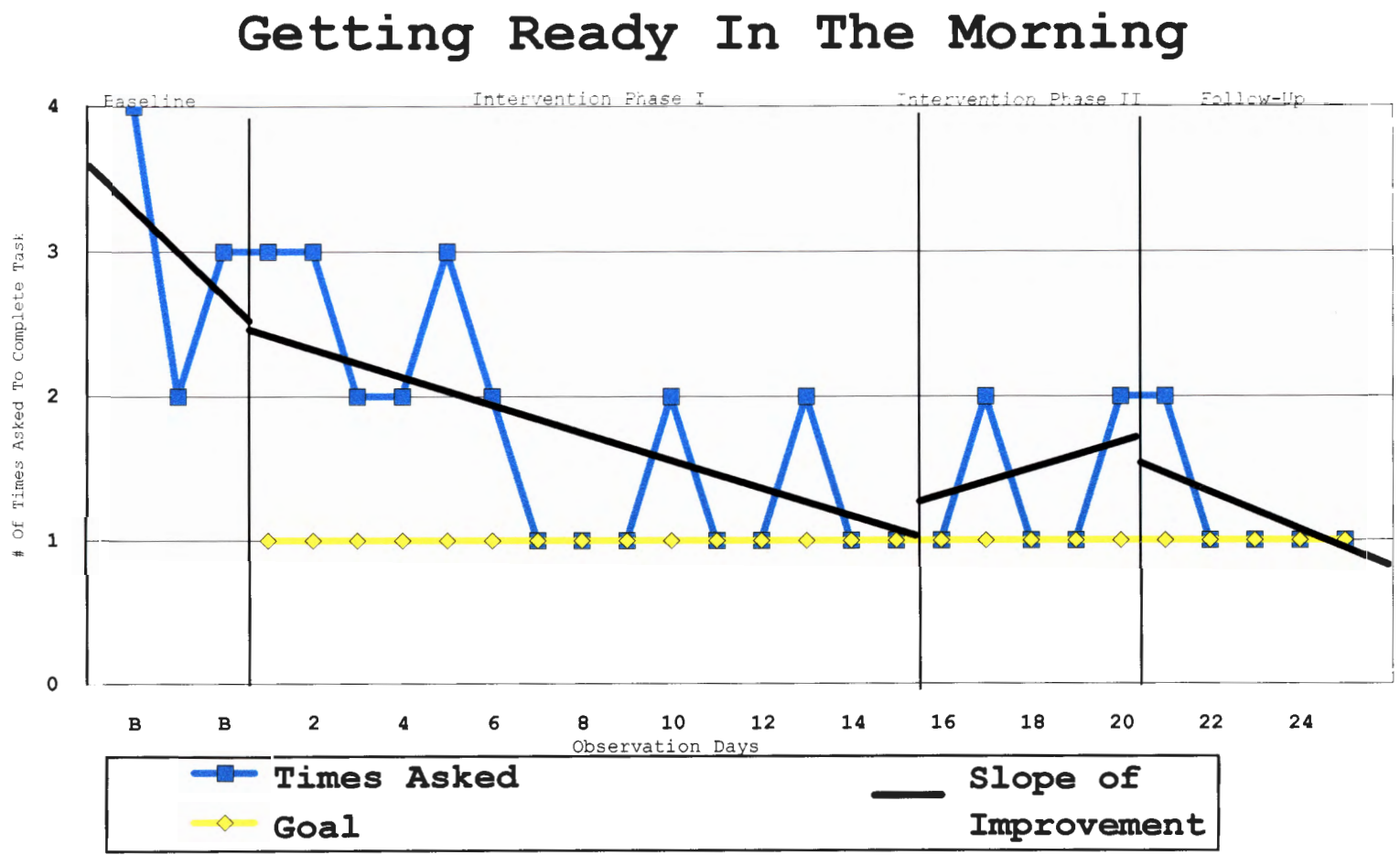


Figure 13. Getting ready for the bus data.

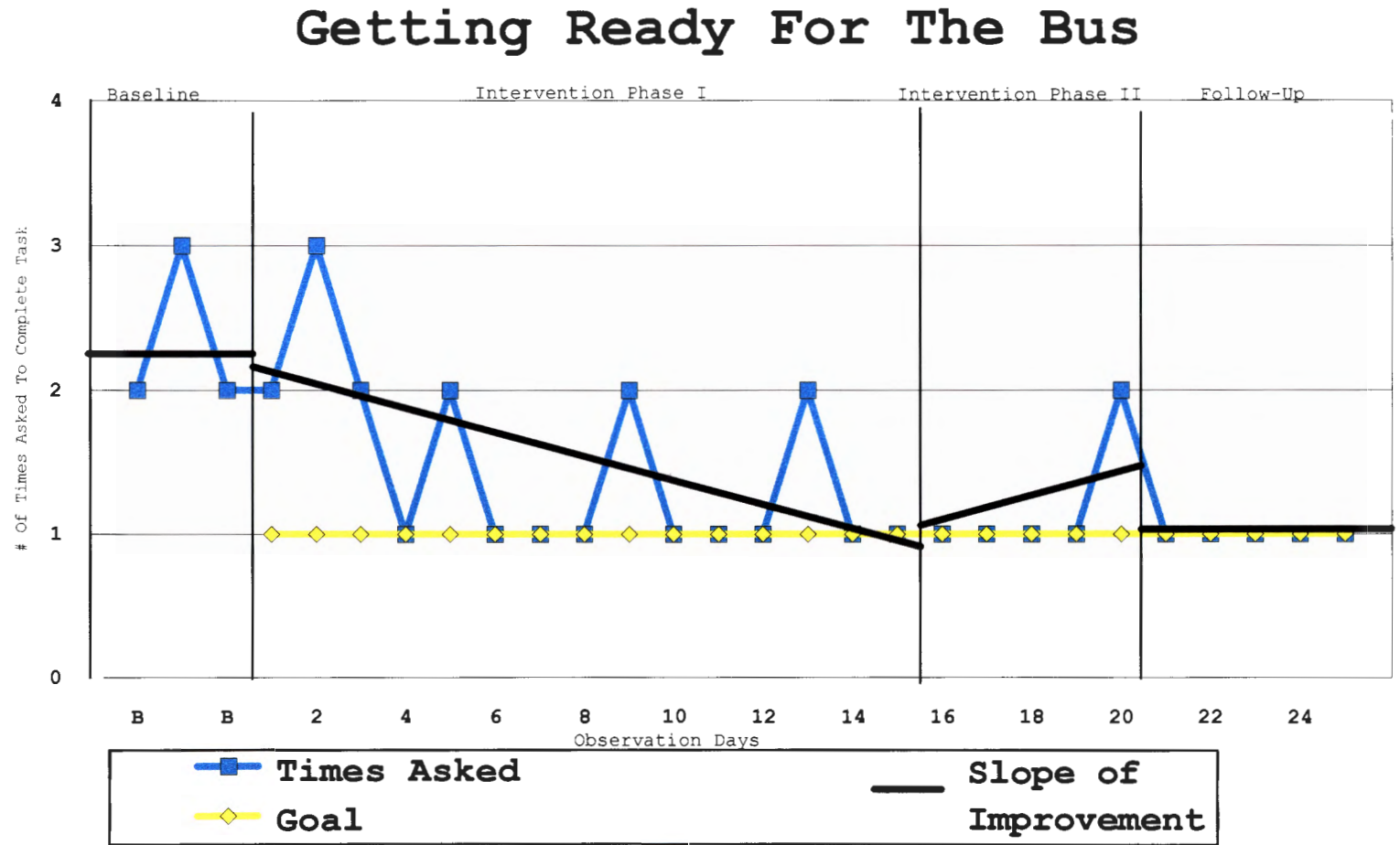
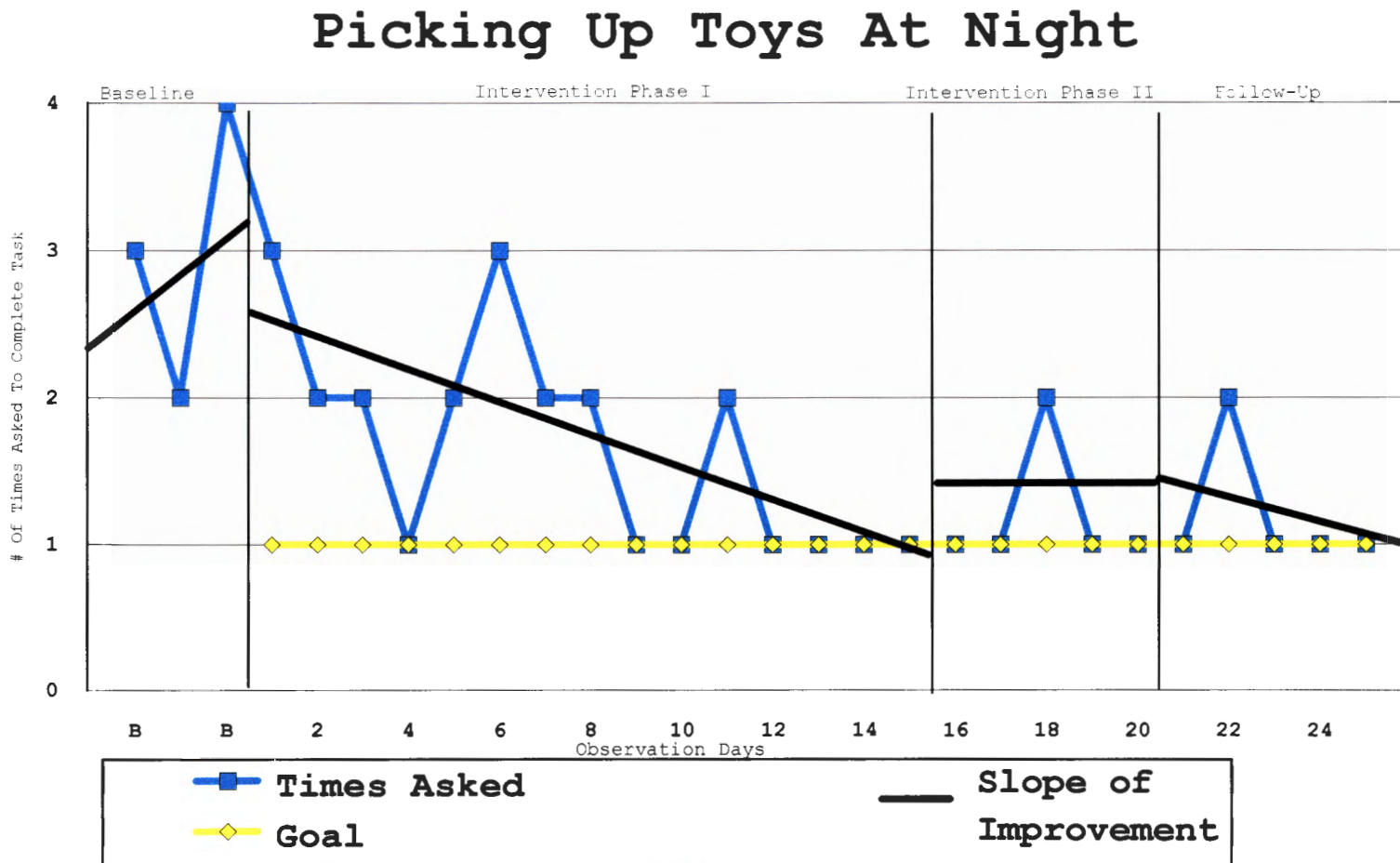


Figure 14. Picking up toys at night data.



goal attainment during the week without the graphing procedures and during follow-up.

Getting ready for bed. The data collected on the getting ready for bed task is presented in Figure 15. The first week of the intervention the student had 60% goal attainment and then maintained 80% goal attainment throughout the remaining stages of the intervention.

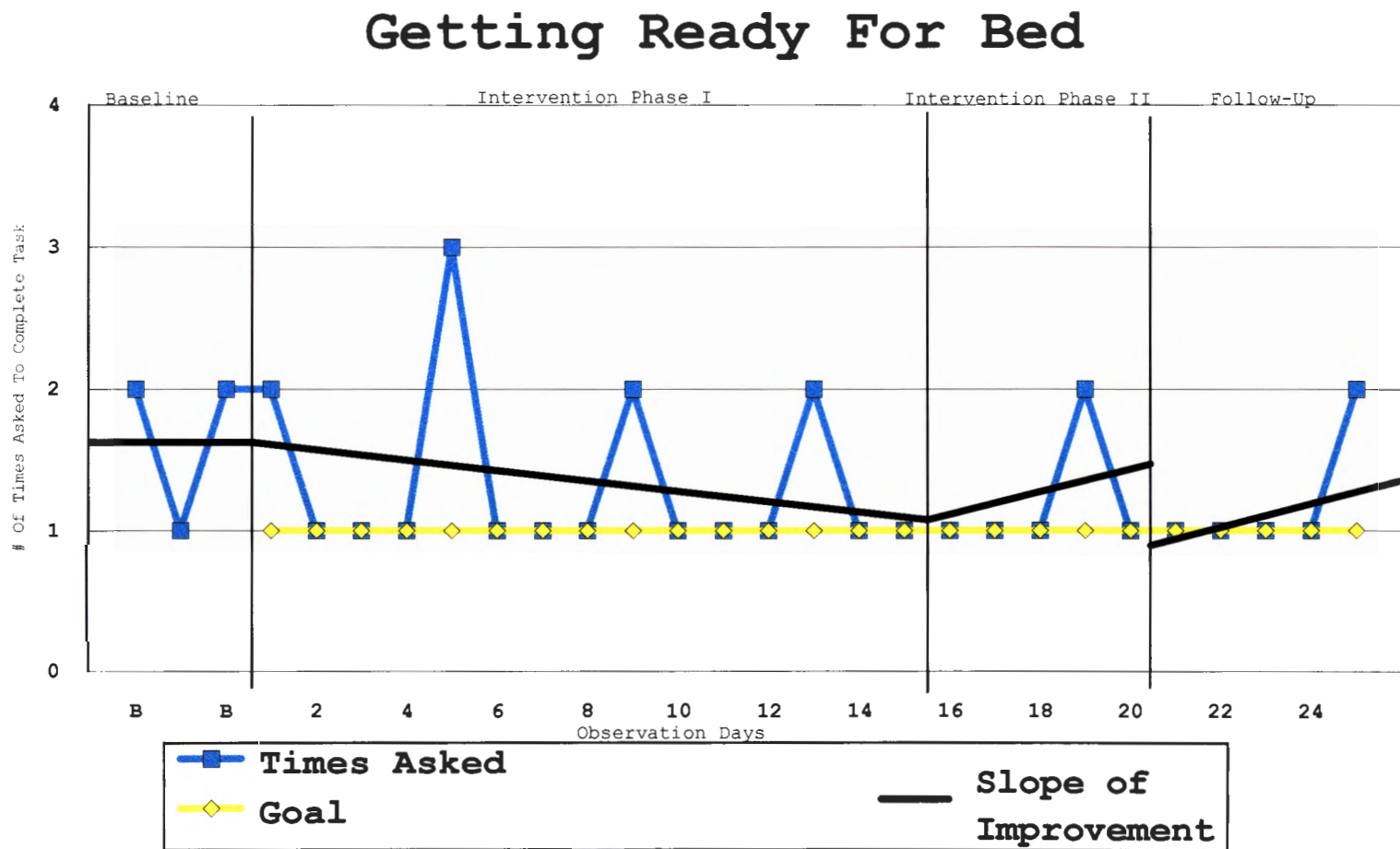
Data trends show that the student was able to achieve the goals set by consultees in all areas except in response to individual questioning by the second or third week of intervention. The student was generally able to maintain the goals during the weeks of graph discontinuation and follow-up.

Intervention Acceptability

Parent and teacher acceptability of the intervention was assessed with an adapted version of the BIRS (e.g., 1 = strongly disagree to 6 = strongly agree) Likert scale (see Appendix H). The intervention was also rated for acceptability by the student using a modified version of the CIRP (see Appendix I).

Parent acceptability. The parent agreed that the intervention was acceptable (i.e., total mean item score of 5.45 on a 6-point Likert scale), rating 11 of the 20 items as most favorable (response = 6.0 for each item; strongly

Figure 15. Getting ready for bed data.



agree). Examples of these items included "The intervention was effective in changing my child's behavior in the home and in the school," "Soon after using the intervention, a positive change was noticed," "The intervention helped my child reach the goals set by the consultees," "I would suggest the use of this intervention to other teachers and parents," and "The intervention would be appropriate to use with a variety of other children." The parent answered one item negatively, "The intervention produced enough improvement in my child's behavior so the behavior is no longer a problem" (mean response = 3.0; slightly disagree).

Teacher acceptability. The teacher reported a high level of acceptability for the intervention (total mean item score of 5.65 on a 6-point Likert scale), with 13 items being rated as most favorable (response = 6.0 for each item; strongly agree). Examples of these items included "The intervention was effective in changing the child's behavior in the home...and in the school," "Soon after using the intervention, a positive change was noticed," "The intervention helped the child reach the goals set by the consultees," "I would suggest the use of this intervention to other teachers and parents," and "The intervention would be appropriate to use with a variety of other children."

Student acceptability. The adapted version of the CIRP asked the student to circle facial expressions that best described how he felt about each statement read aloud to him. The student circled a smiley face for each item, including the items that solicited a negative response. Therefore, the student's report was considered invalid. It is important to note that during the CIRP assessment, the consultant believed that the student did show favorable feelings for the intervention through body language and by rephrasing certain questions. Both the parent and teacher strongly agreed with the BIRS statement "The child appeared to enjoy the intervention and was encouraged by his improvement." There were also indications of the student's acceptability of the intervention during the TEI when both the parent and teacher made statements about the child's enjoyment of the intervention, graphing and seeing his improvements.

Intervention Integrity

The parent tape recorded the initial interactions she had with her son at home that involved the implementation of the treatment plan. The tape was transcribed and compared with the treatment guidelines and scripts. The parent's adherence to the guidelines and scripts was 100%.

The teacher conducted a self-evaluation of her adherence to the treatment guidelines and scripts. She reported approximately 90% adherence to the guidelines and scripts.

The consultant conducted several informal observations in the classroom to establish that the cueing system and response wait time were being implemented appropriately. Observations of four small group sessions revealed that the teacher spent 10 to 15 seconds cueing the subject to the intended content of the up coming small group session. The teacher gave 8 to 12 seconds of wait time after asking questions during the small group sessions. The consultant observed six instances when the subject was individually asked questions. The teacher approached the subject or asked the subject to come to her. She spent 8 to 12 seconds cueing the subject about the question she intended to ask him. The teacher gave 10 to 12 seconds of wait time after asking the subject the question.

Post Hoc Analysis

Further analysis of the consultation integrity data allowed the current study to be compared with Sheridan's process research (1997), which assessed the verbal processes in CBC in relation to the following four hypotheses: (a) there would be more statements about background environment

and behavior settings in CBC than in teacher-only consultation, (b) parent consultees would emit an approximately equal number of statements as teacher consultees, (c) the proportion of statements from teachers would be significantly less in CBC interviews than in teacher-only consultation interviews, and (d) a greater number of consultant elicitors would be present in CBC interviews than in teacher-only consultation.

Results from Sheridan's research found no difference in the amount of statements made regarding the background environment and behavior settings in the CBC transcripts as compared with teacher-only transcripts, contrary to predictions. In comparison, the results of this study found that the proportions of behavior setting verbalizations were 0.24, 0.34, and 0.25 for consultants, parents, and teachers in CBC respectively. When compared to the consultant and teacher statements in teacher-only interviews from Sheridan's 1997 research, this study would support the conclusion that there was no difference found in the amount of statements made regarding behavior settings. The low number of background environment statements in this study eliminated it from analysis.

This study examined the percentage of total statements made by each participant in CBC, 44%, 27%, and 29% for the

consultant, parent, and teacher, respectively. While this data supports the hypotheses, it does not compare to Sheridan's research in which the parent contributed slightly more verbalizations than the teacher (0.32 and 0.24 of the total statements were provided by parents and teachers, respectively). Reasons for this difference maybe contributed to a conscious effort by Sheridan's consultants to elicit more responses from the parents. Another difference maybe the manner in which the interviews were transcribed and coded. It is important to note that the consultant in the present study made an effort to elicit responses from the parent who was not a talkative person.

Similar to Sheridan's results, this study found that the teacher's role in CBC appeared to be different than those teachers involved in Sheridan's teacher-only consultation. The teacher in this study provided 29% of all statements as compared to 74% in teacher-only consultation.

Finally, the data regarding the consultant's role in CBC were also similar to Sheridan's process research findings. Specifically, consultants tended to control more of the discussion in CBC. This study found the consultant made 44% of the CBC statements as compared to 26% in Sheridan's teacher-only consultation. Of the elicitor statements, 97% were made by the consultant. The increased

proportion of consultant statements and elicitors may be attributed to the added complexity of a second consultee.

CHAPTER V

DISCUSSION

Research Strengths

One strength of this study is that it contributes to the small but growing body of research in a relatively new area of investigation. The present study helps establish the effectiveness of CBC across settings and across ethnic groups, as well as contributes to consultation research.

This research demonstrates the role of parents and teachers as partners in the development and implementation of interventions for children. It also illustrates the use of CBC with an ethnic minority student and mother and a majority teacher and consultant. Within the context of CBC, the participants were able to successfully use problem solving to identify and define the problem behavior, develop an intervention plan, implement that plan and collect data to determine behavior improvements, and evaluate the intervention for goal attainment.

CBC Acceptability

Both the parent and teacher consultees rated the process of CBC to be acceptable. It is important to document that not only did the participants find the CBC process acceptable, but they also concluded that a stronger relationship was formed as a result of the service. Both

consultees strongly agreed that an atmosphere of trust and acceptance was established and that they each felt like equal partners during the CBC process. This is a positive step in bridging the gap between persons of different ethnic groups.

This research also helps establish that CBC can be an efficient service for school psychologists to provide. While it does take time and effort to provide CBC, the participants rated the amount of time and each stage needed to provide the service as acceptable. When the process is successful in improving student behavior, time and effort expended is worth while.

Intervention Outcomes

Results suggested that the interventions used in both the home and school environments were effective in helping the student to improve his behavior. The student was successful in achieving the goals set by the consultant and consultees in all areas except response to individual questioning. Improvement in this area was made evident by analyzing the slope of improvement. The lack of goal attainment in this area may be attributed to the teacher's high expectations for the quality of the subject's response. Although it was determined during the PAI that the subject should receive credit for a verbal response and not the

quality of that response, the teacher expressed her desire for the subject to respond with longer, more complex sentences. It is important to note that both the parent and teacher attributed behavior improvements to the intervention.

It is important to discuss the appropriateness of the mother's expectations for the subject. The parent determined the subject was not following directions in the areas of: getting ready in the morning, getting ready for the bus, picking up toys, and getting ready for bed. She wanted her son to respond to directions the first time given. The consultant expressed concern that this expectation might be developmentally inappropriate, stating that many 5-year olds needed directions repeated before the task was complete. The mother maintained her desire for her child to respond to the direction after being told just once. The data showed that the subject was indeed able to attain this goal in all areas throughout the intervention phases.

The parent reported in the BIRS that she attributed the child's improvement to the intervention but that she slightly disagreed with the statement "The intervention produced enough improvement in my child's behavior so the behavior is no longer a problem." This may suggest that the

parent had unrealistic expectations for the subject's behavior or that on going consultation was needed in the home.

The consultant suggested that on going consultation services be provided in the home. Establishing parent training to teach the parent more developmentally appropriate expectations for her children is important. The consultant also noted that the family could benefit from more support services. A social worker could help the mother build a support network and provide other needed services.

Research Limitations

Empirically there are some limitations of the study. First, there are limitations that affect generalizability of findings. The subject and participating consultees were selected based on meeting certain criteria and were not randomly selected which decreases generalizability. Also, the single-subject design did not allow for comparison or control subjects, limiting the conclusions and generalizations that could be made. It is important to aggregate studies to further the generalizability of the new data.

Modified versions of the intervention and CBC rating scales used during data collection contained no reliability and validity estimates. CIRP data was considered invalid.

Another limitation was the lack of reliability checks on the subject's self-monitoring records in the home and school environment. The teacher did not keep a separate record of his daily performance but did discuss any discrepancies with the student when it was time to graph his behavior. Reliability checks on the subject's self-monitoring is important because it increases the effectiveness of the intervention (Sprick et al., 1993).

Although the research methodology has empirical shortcomings, this study plays an important role in helping educators and researchers to begin identifying promising models and interventions for childhood problems. This study suggests that CBC may be an effective model of service delivery with participants from different ethnic groups. It is also supportive of the expansion of services to empower parents and teachers in home-school collaboration and problem-solving.

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APPENDIX A

Conjoint Behavioral Consultation

Interview Forms

(Source: Sheridan, S. M., Kratochwill, T. R., & Bergan, J. R. (1996). Conjoint behavioral consultation: A procedural manual. New York: Plenum.)

Conjoint Problem Identification Interview (PII)

Child's Name: _____ Date: _____
 Parent's Name: _____ Age: _____
 Teacher's Name: _____ Grade: _____
 School: _____
 Consultant's Name: _____

Consultant's Note: The goals of CPII are to:

- Establish a working relationship between parents and teacher and between the consultant and consultees.
 - Define the problem(s) in behavioral terms.
 - Provide a tentative identification of behavior in terms of antecedent, situation, and consequent conditions across settings.
 - Provide a tentative strength of the behavior across settings (e.g., how often or severe).
 - Discuss and reach agreement on a goal for behavior change across settings.
 - Establish a procedure for collecting baseline data across settings in terms of sampling plan, what is to be recorded, who is to record the data, and how the behavior is to be recorded.
-

The consultant should question and/or comment on all of the following:

OPENING SALUTATION

GENERAL STATEMENT TO OPEN CONSULTATION

What seems to be the problem? What is it that you are concerned about?

Home

School

BEHAVIOR SPECIFICATION

a. Tell me what you mean by...Give me some specific examples of what you mean by...What does the child do?

Home

School

PII (Continued)

b. What are some more examples?

Home

School

c. We've discussed several behaviors, such as...Which of these is most problematic across settings? - *Prioritize one or two behaviors to target across settings.*

Home

School

TARGET BEHAVIOR DEFINITION

Let's define exactly what we mean by...What would be a good definition of...?

Summarize Target Behavior in Precise, Observable Terms.

HISTORY OF PROBLEM

Approximately when did this specific problem begin? How long has this been a problem?

BEHAVIOR SETTING

a. Where does the child display this target behavior? Give me some examples of where this occurs.

Home

School

b. What are some more examples of where this specific behavior occurs?

Home

School

PII (Continued)

c. Which of these settings at school is most problematic?
Which of the settings at home is most problematic? -
Establish one setting priority at home and one at school.
Home School

CONDITIONAL/FUNCTIONAL ANALYSIS

Home School

Antecedent Conditions and Setting Events

What typically happens at home/school
before the behavior occurs?

What is a typical morning like before
your child goes to school?

What events occur earlier in the day
(in other settings or times of the day)
that might affect the child's behavior?

Consequent Conditions

What typically happens at home/school
after the behavior occurs?

How are school-related behavior problems
handled at home?

Environmental/Sequential Conditions

What else is typically happening at
home/school when the behavior occurs?

What time of day or day of week is the
behavior most/least likely to occur?

What activities are most/least likely
to produce the behavior?

With whom are the behaviors most/least
likely to occur?

How many other people are in the setting
when the behavior is most likely to occur?

PII (Continued)

| | | |
|--|------|--------|
| | Home | School |
|--|------|--------|

Environmental/Sequential Conditions

What are some other particular situations that might "set off" the behavior?

What other events(e.g., medications, medical complications, routines) may affect the behavior?

Summarize/Validate Conditions and Functions of the Behavior

BEHAVIOR STRENGTH ACROSS SETTINGS

How often does this behavior occur at home/at school? How long does it last?

Home

School

Summarize/Validate the Specific Behavior and Its Strength

GOAL OF CONSULTATION

What would be an acceptable level of this behavior at home/at school? What would the child have to do to get along OK? Is there general agreement of our goal across home and school?

Home

School

EXISTING PROCEDURES

What are some programs or procedures that are currently operating in the classroom? How are problems currently dealt with when they occur at home/school?

Home

School

PII (Continued)

CHILD'S STRENGTHS/ASSETS

What are some of the things that the child is good at? What are some of the child's strengths?

POSSIBLE REINFORCERS

What are some things (events, activities, etc.) that the child finds reinforcing? What are some things the child likes to do?

Summarize/Validate Behavior, Strength, Goal, etc.

RATIONALE FOR DATA COLLECTION

It would be very helpful to watch the behavior for a few days or so and monitor its occurrence. This will help us key in on some important facts that we may have missed, and also help us document the progress that is made towards our goal.

CROSS-SETTING DATA COLLECTION PROCEDURES

What would be a simple way for you to keep track of the behavior at home/at school?

Home

School

Summarize/Validate Data Collection Procedures

DATE TO BEGIN DATA COLLECTION

When can you begin to collect data at home/at school?

Home

School

PII (Continued)

NEXT APPOINTMENT

When can we all get together again to discuss the data and determine where to go from here?

CLOSING SALUTATION

Conjoint Problem Analysis Interview (PAI)

Child's Name: _____ Date: _____
 Parent's Name: _____ Age: _____
 Teacher's Name: _____ Grade: _____
 School: _____
 Consultant's Name: _____

Consultant's Note: The goals of the CPAI are to:

- Evaluate and obtain agreement on the sufficiency and adequacy of baseline data across settings.
- Conduct a functional analysis of the behavior across settings (i.e., discuss antecedent, consequent, and sequential conditions).
- Identify setting events (events that are functionally related, but temporally or contextually distal to the target behavior), ecological conditions, and other cross-setting variables that may impact the target behavior.

The consultant should question and/or comment on the following:

OPENING SALUTATION

GENERAL STATEMENT REGARDING DATA AND PROBLEM

Were you able to keep a record of the behavior?

| | Home | School |
|---|---------|---------|
| 1. Did you observe the behavior? | Yes | Yes |
| 2. How often did you observe the behavior? | Once | Once |
| 3. How long did the behavior last? | 10 min | 10 min |
| 4. How did you feel about the behavior? | Dislike | Dislike |
| 5. How did you react to the behavior? | Nothing | Nothing |
| 6. How did the behavior affect you? | Nothing | Nothing |
| 7. How did the behavior affect others? | Nothing | Nothing |
| 8. How did the behavior affect the group? | Nothing | Nothing |
| 9. How did the behavior affect the class? | Nothing | Nothing |
| 10. How did the behavior affect the school? | Nothing | Nothing |

BEHAVIOR STRENGTH ACROSS SETTINGS

According to the data, it looks like the behavior occurred _____ at home/at school.-Record data here.

| | |
|------|--------|
| Home | School |
|------|--------|

ANTECEDENT CONDITIONS

What did you notice before the problem occurred at home/at school? What things may have led up to its occurrence? What happened before school on these days? -Refer to *baseline data*.

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PAI (Continued)

CONSEQUENT CONDITIONS

What typically happened after the occurrence of the behavior at home/at school? What types of things did you notice afterward that may have maintained its occurrence? What happened after school on these days? *-Refer to baseline data.*

Home

School

SEQUENTIAL CONDITIONS

What else was happening in the classroom/playground/home when the behavior occurred? What time of day or day of week seemed most problematic at home/at school? What patterns did you notice in the child's behavior at home/at school?

Home

School

Summarize/Validate Behavior/Strength/Conditions

BEHAVIOR INTERPRETATION

Why do you think the child does this? It sounds like the behavior might also be related to...

Home

School

CROSS-SETTING PLAN DEVELOPMENT

It seems that we need to try something different. What can be done at both home and school to reach our goal? *-A written plan for teacher and parents may be helpful.*

Home

School

Summarize/Validate Plan Across Settings

PAI (Continued)

DATA RECORDING PROCEDURES

It would be very helpful if we could continue to collect data on the child's behavior. Can we continue the same recording procedures as before?

Home

School

NEXT APPOINTMENT

When can we all get together again to discuss the data and determine where to go from here?

CLOSING SALUTATION

Conjoint Treatment Evaluation Interview (TEI)

Child's Name: _____ Date: _____
 Parent's Name: _____ Age: _____
 Teacher's Name: _____ Grade: _____
 School: _____
 Consultant's Name: _____

Consultant's Note: The goals of the CTEI are to:

- Determine whether the goals of consultation have been attained across settings.
- Evaluate the effectiveness of the treatment plan across settings.
- Discuss strategies and tactics regarding the continuation, modification, or termination of the treatment plan.
- Schedule additional interviews if necessary, or terminate consultation.

The consultant should question and/or comment on all of the following:

OPENING SALUTATION

GENERAL PROCEDURES AND OUTCOME

How did things go with the plan? -*Record treatment data here.*

Home School

GOAL ATTAINMENT ACROSS SETTINGS

Has the goal been met at home/at school?

Home School

If the goals have not been attained, discuss:

PLAN MODIFICATIONS

How can we modify the procedures so that the plan is more effective at home and school?

Home School

TEI (Continued)

NEXT APPOINTMENT

When can we meet again to discuss the effectiveness of our new or modified plan?

If goals have been attained, discuss:

PLAN EFFECTIVENESS ACROSS SETTINGS

Do you think that the behavioral program was responsible for the child's change in behavior?

Home

School

EXTERNAL VALIDITY OF PLAN

Do you think this plan would work with another child with similar difficulties?

Home

School

POST-IMPLEMENTATION PLANNING

Should we leave the plan in effect for a while longer?

Home

School

PROCEDURES FOR GENERALIZATION/MAINTENANCE

How can we encourage the child to display these behavior changes in other settings or with other behaviors? What procedures should we use to make sure that the behavior change continues over time?

Home

School

TEI (Continued)

FOLLOW-UP ASSESSMENT PROCEDURES

How can we monitor the child's progress to ensure that these positive changes continue?

Home

School

NEED FOR FUTURE INTERVIEWS

Would you like to meet again to check the child's progress?

Home

School

TERMINATION OF CONSULTATION (if appropriate)

CLOSING SALUTATION

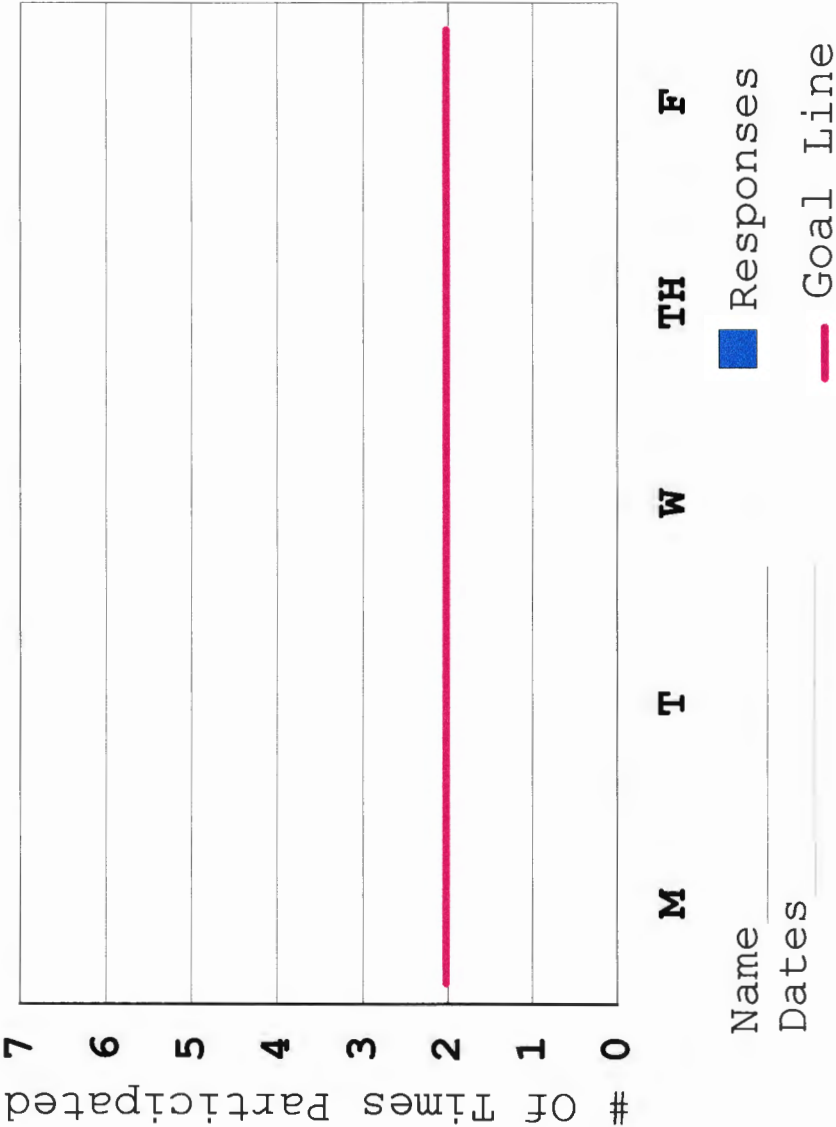
APPENDIX B

Weekly School and Home Graphs

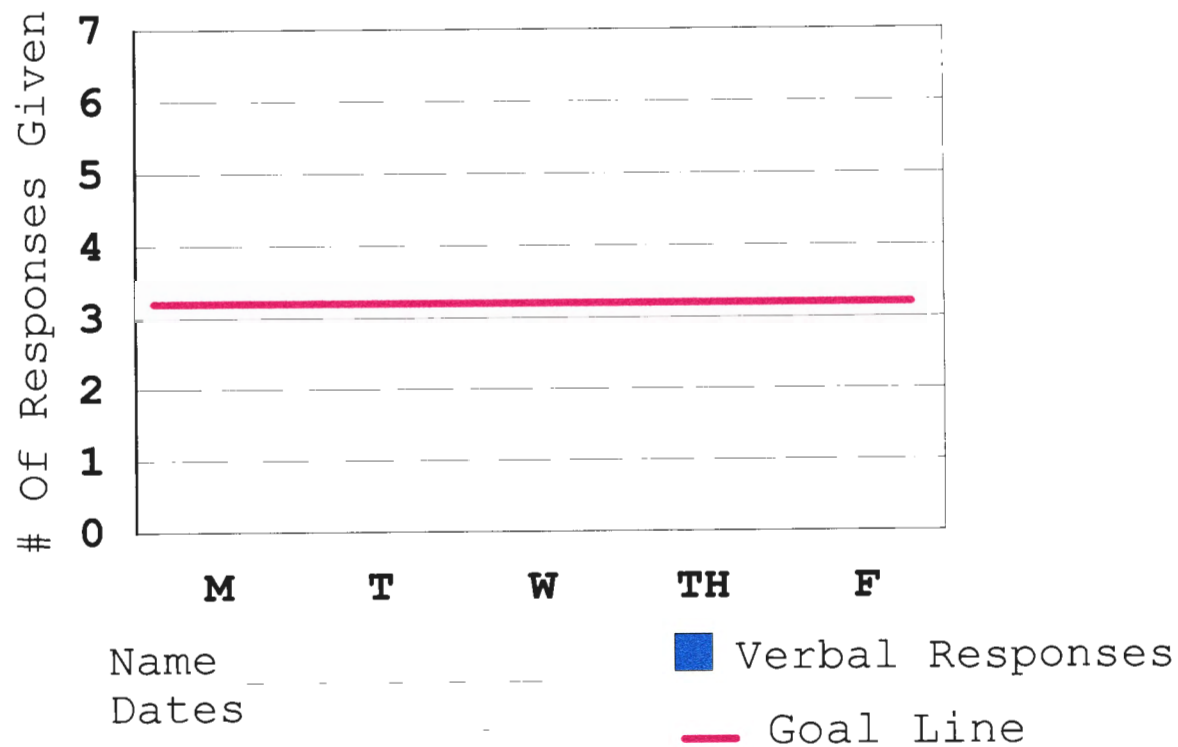
School Graphs

Small Group Participation

Small Group Participation



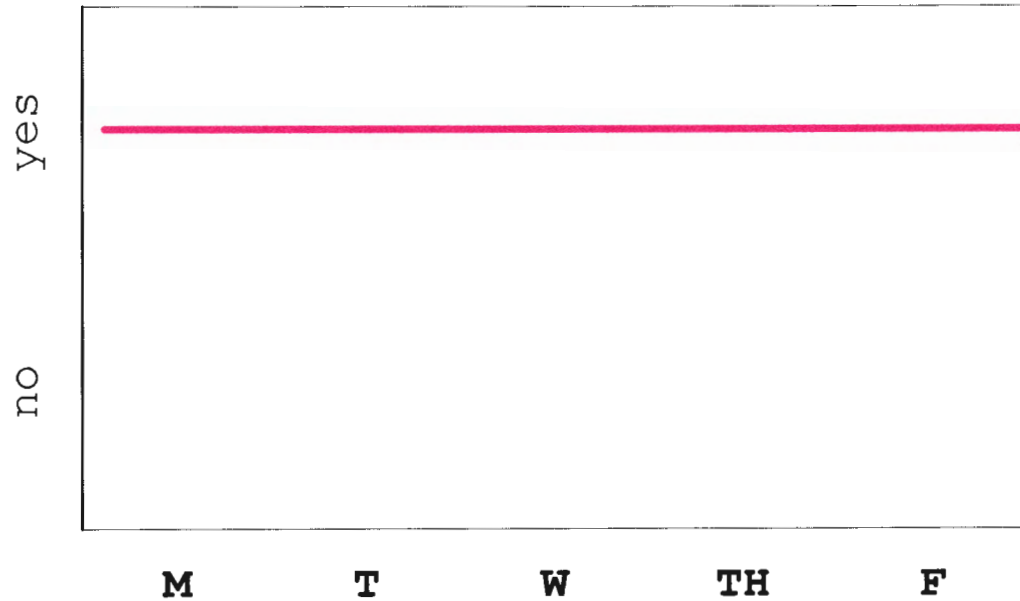
Response To Individual Questions



School Graphs (Continued)
Response To Individual Questions

Gets Ready In The Morning After Being Told Once

Gets Ready In The Morning After Being Told Once



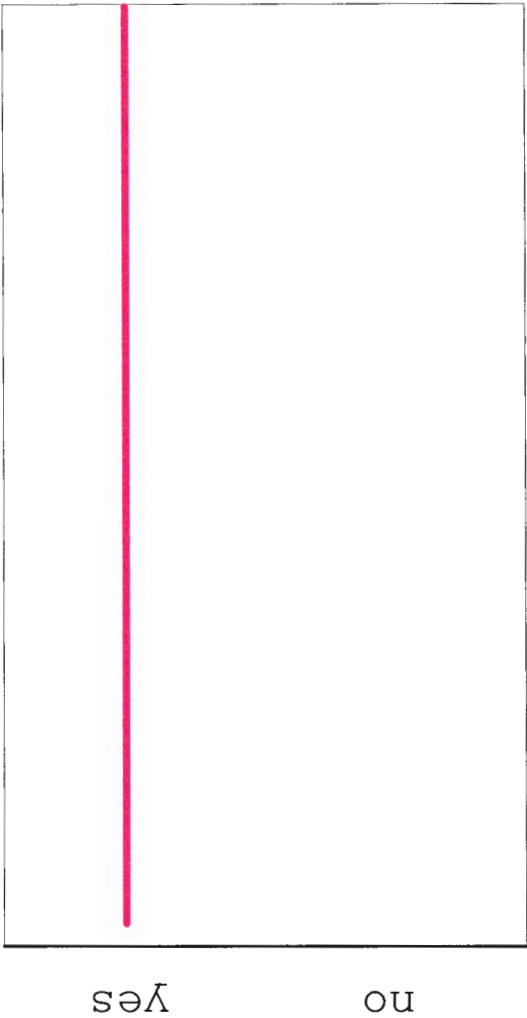
Name _____ ☐ Ready In Morning

Dates _____ ☐ Goal Line

Home Graphs (Continued)

Gets Ready For The Bus After Being Told Once

Gets Ready For The Bus After
Being Told Once



M **T** **W** **TH** **F**

Name _____

Dates _____

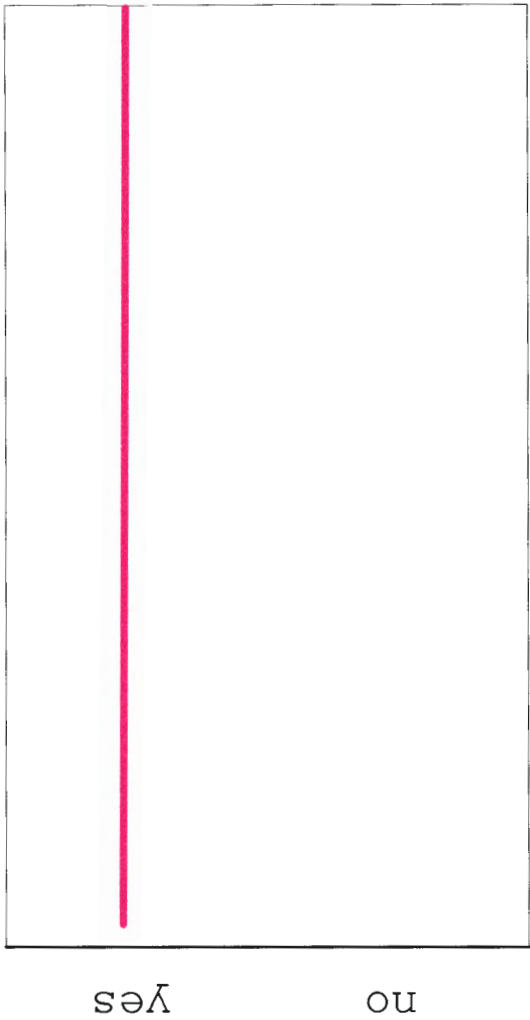
Ready For Bus

Goal Line

Home Graphs (Continued)

Picks Up Toys At Night After Being Told Once


Picks Up Toys At Night After
Being Told Once




M **T** **W** **TH** **F**

Name _____

Dates _____

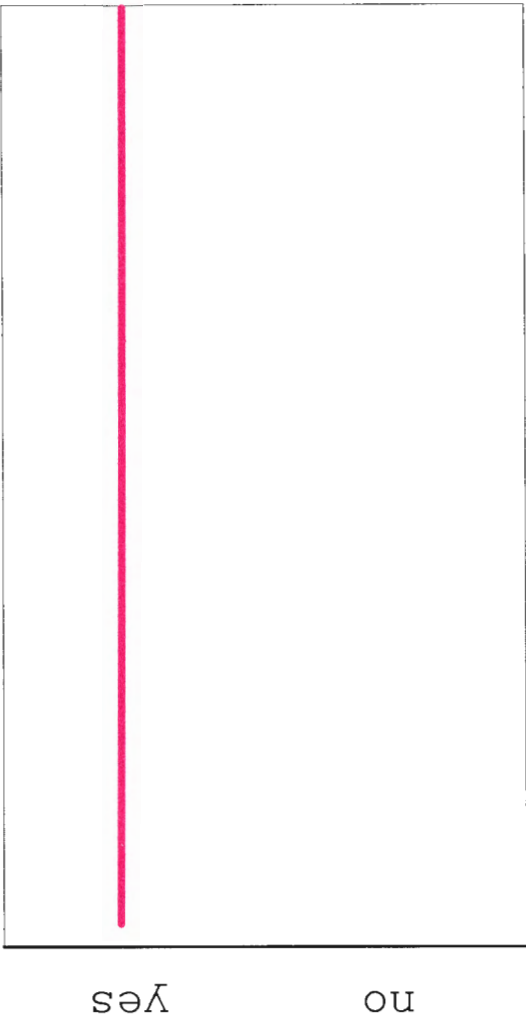
 Picks Up Toys

 Goal Line

Home Graphs (Continued)

Gets Ready For Bed After Being Told Once

Gets Ready For Bed After Being Told Once



M **T** **W** **TH** **F**

Name _____

Dates _____

■ Ready For Bed

— Goal Line

APPENDIX C
Consultation Log

Consultation Log10/26/98

- Held introductory meeting with teacher and parent.
- Consent forms were signed.

10/27/98

- Conducted PII with the parent and teacher consultees.
- Defined target behavior.
- Established baseline data collection procedures.

10/28/98, 10/29/98, 11/2/98

- Parent collected baseline data in the home.
- Teacher collected baseline data in the school.

11/2/98

- Conducted PAI discussing baseline data.
- Developed intervention options.
- Set goals for the target behavior.
- Agreed upon terms for implementation of the intervention.

11/3/98

- Exchanged materials needed for implementing the intervention.

11/4/98 - 11/24/98

- Consultees implemented Phase I of the intervention.

Consultation Log (Continued)11/5/98

- Consultant provided consultees with new graphing materials.

11/6/98

- Consultant checked in with teacher briefly. Teacher reported that the subject was learning the self-monitoring and graphing procedures. She felt the intervention was progressing according to the plan.
- Consultant checked in with the parent briefly. The parent reported that the subject was using the self-monitoring and was enjoying the new graphs.

11/10/98

- Consultant conducted a classroom observation to monitor the verbal cueing system and the wait time used by the teacher.

11/13/98

- Consultant conducted a classroom observation to monitor the verbal cueing system and the wait time used by the teacher.
- Contact was made with the consultees to discuss the intervention plan, student progress, graphing and consultee questions.

Consultation Log (Continued)11/18/98

- Consultant conducted a classroom observation to monitor the verbal cueing system and the wait time used by the teacher.

11/20/98

- Consultant collected data from parent and teacher.
- Consultant contacted both consultees to discuss the intervention plan, student progress, graphing and consultee questions.

11/24/98

- Consultant collected all data from the consultees. The consultant prepared graphs of all Phase I data for each consultee.
- Consultant meet with consultees to discuss the student's progress. It was determined that the student had reached goal attainment in all areas except response to individual questions. It was determined that the consultees would drop the graphing component of the intervention.

Consultation Log (Continued)11/30/98 - 12/4/98

- Consultees implemented Phase II of the intervention.

11/4/98

- Consultant collected all data from the consultees. The consultant prepared graphs of Phase II data for each consultee.
- Consultant contacted the consultees to discuss the results of Phase II. The student had maintained goal attainment. It was decided that all components of the intervention were to be discontinued but the data collection of the target behavior would continue to further assess maintenance of the behavior.

12/7/98 - 12/11/98

- Consultees collected follow-up data on the target behavior.

12/14/98

- Conducted TEI with the consultees.
- Parent and teacher completed the intervention and CBC rating scales.
- Consultant conducted the CIRP with the subject.
- Consultation was terminated.

APPENDIX D

Interview Transcripts and
Consultation-Analysis Records

PII Transcript

C = Consultant T = Teacher P = Parent S = Subject

C: Hello! Thanks for coming in this afternoon. I'm glad we could all meet today to discuss this case. What are your concerns regarding the student?

P: I have a hard time talking with my son and getting him to follow directions when I ask him to do something.

T: I'm concerned with his communication in the classroom.

C: Tell me what you mean by communication.

T: Well, he has a speech and language disability. Most of the time he does not communicate with others verbally and when he does, he uses very short sentences and it is hard to understand what he is saying most of the time.

C: Give some specific examples of what the child does.

T: Well, if he is in a situation where the other kids ask him a question or try to talk with him, he either does not answer them or they can't understand what he is saying. Or if I ask him a question on information that I know he is familiar with, he does not give me an answer.

C: What are some more examples? Or does he not talk at all?

T: Oh no, he is talkative. If he is out at recess or in free time, he will go up to others and become involved in

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

activities. He can become very excited about something.

His speech is easier to understand, when he wants to tell you something. The sentences are still short but he is definitely more understandable and shows more confidence that way.

C: So, it sounds like he is better able to verbally communicate with others if he initiates the conversations, usually about something he is interested in and he has more difficulty when trying to express himself verbally when others approach him, initiate the conversation, or ask him questions. Does this sound right?

T: Yes. I know that he has the ability to verbally communicate with others it just seems that certain situations are more difficult than others. Not only am I concerned with his inability to answer questions but I am concerned that he does not participate in group sessions. He doesn't volunteer answers or respond to others' comments during group time.

C: So group time is another setting in which S' has difficulty responding to his peer's verbally.

T: Yes.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: P, does this description seem accurate for S's behavior in the home also?

P: Yes, I know he talks a lot to his sisters. I'm not for sure how much they understand. It's hard for me to understand him a lot of the time. He uses his older sister to talk for him a lot.

C: P, you had mentioned that you have a hard time talking with your son, give me some examples.

P: Well, if we are at dinner I can ask him stuff and he don't know how to answer me sometimes. It's hard for him to tell me about his school day or things he did at his grandma's house.

C: What are some more examples?

P: Well, like I said, I ask him to do things and I don't think he heard me. I have to ask him to get ready in the morning or pick up his toys over and over before he will stop what ever he's doing and do what I ask him to. I've even sat him down to get his full attention when I ask him but he still doesn't get to it. I hate to have to ask him over and over again to do something.

T: He takes a lot of prompting to do something's in the classroom also.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: OK, So your concerns in the home are similar to T's in the school, in that you find it difficult to understand S's speech and you are concerned that he does not follow through on directions that you have given him. You don't want to have to ask him repeatedly. Is this right?

P: Yes.

C: We've discussed several aspects of S's behavior such as his lack of following directions, lack of participation in group sessions, his difficulty with individually asked questions, and his language disability. Which of these is most problematic across settings?

T: Well, since he is receiving speech and language therapy three times a week, I think we should focus on other areas.

C: OK, P, do you agree with this?

P: Yes, I would really like to see him be able to follow directions. I think this is important in both the home and school.

T: I agree, I also feel that his participation in small groups is important, this is where most of our new material is worked on. I hate to think he is not more deeply involved in these activities. I would also like to see improvement in his ability to answer my questions about the

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

material. Otherwise it is difficult to know if he has mastered the material.

C: Let's try to define exactly what behavior we are focusing on. S's low frequency of responding verbally or physically to requests made to him seems to be the general target behavior. First, following directions means that S should respond appropriately to initial request within ten seconds. Second, S. should participate in group lessons by raising hand to provide a verbal responds or question pertaining to the topic of the lesson. Third, S should provide the teacher with a verbal response to individually asked questions. This sound OK?

P & T: Yes.

C: How long have these issues been a problem?

T: Ever since S. start school.

P: He had the same problems in preschool, that's when they first tested him. At the beginning of the school year, he wouldn't even come into the classroom and they had to get my oldest daughter out of her class to come sit with him.

C: Give me some examples of where this behavior occurs.

T: Well, S. has difficulties with his language disability everywhere.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: Give me some more specific examples.

T: Well, he has a hard time in music, but he is better in gym, and on the playground where there are more activities that are not dependent on talking.

C: P, what are some specific examples of when S's problem behavior occurs.

P: I noticed that he has the worst time of getting ready in the morning. There is a lot for him to get done at that time. At night, picking up his toys, getting ready for bed and going to bed on time is hard for him.

C: Which setting is the most problematic at school?

T: I think the individual questions and small group are the most problematic. These activities are important for S to obtain the information he needs to know.

C: What areas at home are the most problematic?

P: I think getting ready for school, picking up toys, and getting ready for bed are the times that I have most difficulty with.

C: What is a typical morning like before S. goes to school?

P: Well, he wakes up at 6:30 or 7:00, I tell him to get dressed, brush his teeth and hair, and eat breakfast. The

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

bus comes around 8:20, so they have plenty of time, but he always seems to be behind.

C: What other events may be affecting the child's behavior?
Is the TV on?

P: Yes, the oldest boy turns it on, its on all morning. S sometimes don't sleep very well. He can wake up very early at times.

C: What happens at home if S doesn't follow directions?

P: I keep after him. Sometimes I take him by the hand and take him to what it is he's supposed to be doing and tell him again. Sometimes the girls have to help him find his book bag or coat when the bus is here.

C: T, what typically happens at school when S is in a situation where he is not being verbally responsive.

T: Well, I try to repeat or rephrase my questions to encourage some response. I don't allow other students to answer for him.

C: What time of day or day of week is the behavior most or least likely to happen?

T: Doesn't really matter.

P: It always seems the same, every day.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: Are there certain people that the behavior is more/less likely to occur with?

T: My teacher's aid has an even more difficult time understanding him and getting responses from him. Probably because she is not with him as much as I am.

P: His grandma has more difficulty understanding him, she's less patient.

C: Does the number of people in the setting affect the behavior?

P: No, we can be the only two around or there can be ten people in the room it doesn't matter.

T: I agree.

C: Well, it sounds like S's behavior is not really affected by time, or the number of people around. The TV in the morning may be a important factor to consider. At home S has the most difficulty with getting ready in the morning, picking up his toys, and getting ready for bed at night. In school, S has low frequencies of group participation and responses to individually asked questions.

C: P, how often do you have to ask S. to complete these tasks?

P: Oh, four to six times, each task.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: And T, how often does S participate in group or answer questions each day.

T: We probably average six small group sessions a day, oh maybe once a day he will participate. I bet he answers individual questions less than once each day....although he is given the opportunity six or seven times a day.

C: What would be an acceptable level of small group participation and individual questions. What would be acceptable?

T: 80%, I would like to see S give three quality answers a day and participate in small groups twice a day. If he could do that 80% of the time it would be acceptable.

C: P, in the home what would be an acceptable level for S to follow directions?

P: I want him to only be asked once, if he could do that 80% of the time I would be satisfied.

C: What are the current programs that are occurring in the classroom?

T: Well, he is receiving speech and language therapy three times a week. I have him on a behavior modification plan of my own.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: Are there any plans currently being used in the home?

P: We have a daily schedule written up for the kids to follow. They get special privileges on the weekend for good behavior during the week at home and school, like pizza.

C: What are some of the child's strengths?

T: S is self-motivated, curious. He is very creative, great imagination. He is patient and tolerant with others.

P: I think he is amazingly confident in some areas considering his speech difficulties.

C: What are some of the things that S likes or would find reinforcing?

T: He likes the computer, puzzles, flash card games. He enjoys using stickers in his other behavior modification plan. I don't want to become too dependent on tangent reinforcers if we can avoid it.

C: That is just fine with me. Well, it seems that if S could improve these behaviors to 80%, you both would be satisfied. You noted that S is self-motivated, curious, creative, that he is patient and tolerant of others. Great qualities.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: It would be very helpful to watch S's behavior for a few days to monitor its occurrence. This will help us focus on some important facts that we may have missed, and also will help us document the progress that is made towards our goals.

C: P, what would be a simple way for you to keep track S's following directions at home ?

P: Well, I can keep track of how times I have to ask him to do something.

C: Great, to make it simpler, let's just focus on the main areas you were concerned with that you mentioned before, getting ready in the morning, picking up his toys, and getting ready for bed.

P: OK.

T: I will keep track of each time S participates in small group sessions and tally each time he provides an answer to an individually asked question.

C: Great, taking some anecdotal notes would also be helpful, anything that may have happened before, after, during, attitudes, etc.

PII Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

C: When can you begin collecting the data? Tomorrow ? That would give us three days of baseline data before the weekend.

P & T: That's fine. OK

C: Great. So, T you are going to tally each time S participates in group sessions and each response given to individually asked questions...P, you are going to tally how many times you need to ask S to get ready for school, pick up his toys and get ready for bed. And both of you will try to take some anecdotal notes along with that. Does this sound correct?

P: Yes

C: When can we all get together again to discuss the data and determine where to go from here?

P: Monday at 4:00 is good for me.

T: Me too.

C: OK, Monday at 4:00 it is. Bring the baseline data with you. Thanks so much for all of your time tonight. I learned a lot from you both. Have a good evening.

PtI Consultation Analysis Record

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | 1 | 1 | 1 | 1 | | | 1 | | | 1 | | | 1 | 1 | | | | | 1 | 1 | | | | | 1 | 11 |
| P. Consultee | | | | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| T. Consultee | | | | | | 1 | | 1 | 1 | | 1 | 1 | | | 1 | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | | 13 |
| Background Environment | | | | 1 | | | | | | | | | | | | | | | | | | | | | | 1 |
| Behavior Setting | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior | | | | | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 20 |
| Indiv. Character. | | | | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| Observation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Plan | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Other | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | 3 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | | 1 | | | | | | | | | | | | | | | | | 1 | | | | | | 2 |
| Inference | | | | 1 | | | | | | | | | | 1 | | | | | | | | | | | | 2 |
| Specification | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | | 16 |
| Summarization | | | | | | | | | | | | | | | | | | | 1 | | | | | | 1 | 2 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | 1 | 1 | | | | | | | | | | | | | | | | | | | 1 | | | | | 3 |
| Elicitor | | | | 1 | | | 1 | | | 1 | | | 1 | 1 | | | | | | 1 | | | | | 1 | 7 |
| Emitter | 1 | 1 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | | | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | 18 |

P11 Consultation Analysis Record (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | | 1 | | | | 1 | | | 1 | | | | | | 1 | 1 | 1 | | 1 | 1 | | | | | | 9 |
| P. Consultee | | | 1 | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | 1 | | | | | 1 | | | | | 1 | 1 | | 12 |
| T. Consultee | 1 | | | | | | | | | | | | | 1 | | | | | | | 1 | | | | 1 | 4 |
| Background Environment | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior Setting | | | | | | | | | | | | | | 1 | | | | | | | 1 | | | | | 2 |
| Behavior | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 21 |
| Indiv. Character. | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Observation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Plan | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | 2 |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | 1 | | | | | | | | | | | | | | | | 1 | | | | | | | | 2 |
| Inference | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Specification | | | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 17 |
| Summarization | | | | | | 1 | | | | | | | | | 1 | | | | 1 | | | | | | | 3 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | 1 | | | | | | | | | | | | | | | 1 | 1 | | | | | | | | | 3 |
| Elicitor | | 1 | | | | 1 | | | 1 | | | | | | | | 1 | | | 1 | | 1 | | | | 6 |
| Emitter | 1 | | 1 | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | | 1 | | 1 | 1 | 1 | 19 |

PII Consultation Analysis Record (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | | | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | | | | 1 | | 1 | | 1 | | | | 1 | | | 11 |
| P. Consultee | | | | | | | | | | 1 | | | 1 | 1 | | | | | | 1 | 1 | 1 | | | | 6 |
| T. Consultee | 1 | 1 | 1 | | | | | | | | | 1 | | | | 1 | | 1 | | | | | | 1 | 1 | 8 |
| Background Environment | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior Setting | 1 | | | | | | | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 11 |
| Behavior | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | 13 |
| Indiv. Character. | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Observation | | | | | | | | | | | | | | | | | | | | | | | | 1 | | 1 |
| Plan | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | | | 1 | | | | | | | | | | | | | | | | | | | | | | 1 |
| Inference | | | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| Specification | 1 | 1 | 1 | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 18 |
| Summarization | | | | | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | 4 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | | | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| Elicitor | | | | 1 | | | | | 1 | | 1 | | | | 1 | | 1 | | 1 | | | | 1 | | | 7 |
| Emitter | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | | 1 | 1 | 1 | | 1 | | 1 | | 1 | 1 | 1 | | 1 | 1 | 18 |

PII Consultation Analysis Record (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | 1 | | 1 | | | 1 | 1 | | | | 1 | | | | 1 | | | 1 | | | 1 | | | | 1 | 9 |
| P. Consultee | | 1 | | 1 | 1 | | | 1 | 1 | 1 | | 1 | 1 | 1 | | | | | | 1 | | | | 1 | | 11 |
| T. Consultee | | | | | | | | | | | | | | | | 1 | 1 | | 1 | | | 1 | 1 | | | 5 |
| Background Environment | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior Setting | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 22 |
| Behavior | | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| Indiv. Character. | | | | | | | | | 1 | 1 | | | | | | | | | | | | | | | | 2 |
| Observation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Plan | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Inference | | | | | | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| Specification | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 24 |
| Summarization | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Elicitor | 1 | | 1 | | | 1 | 1 | | | | 1 | | | | 1 | | | 1 | | | 1 | | | | 1 | 9 |
| Emitter | | 1 | | 1 | 1 | | | 1 | 1 | 1 | | 1 | 1 | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | 1 | | 16 |

PIT Consultation Analysis Record (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | | | 1 | 1 | 1 | 1 | 1 | | 1 | | | 1 | | | 1 | | 1 | | | 1 | | | 1 | | | 11 |
| P. Consultee | 1 | | | | | | | 1 | | | | | | | | 1 | | | | | 1 | 1 | | | | 5 |
| T. Consultee | | 1 | | | | | | | | 1 | 1 | | 1 | 1 | | | | 1 | 1 | | | | | 1 | 1 | 9 |
| Background Environment | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior Setting | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | 6 |
| Behavior | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | 10 |
| Indiv. Character. Observation | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | 1 | | 2 |
| Plan | | | | | | | | | | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | | | | 6 |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Inference | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Specification | 1 | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 20 |
| Summarization | | | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | 4 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Elicitor | | | | | | | 1 | | 1 | | | 1 | | | 1 | | 1 | | | 1 | | | 1 | | | 7 |
| Emitter | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | | 1 | 1 | | 1 | 1 | | 1 | | 1 | 1 | | 1 | 1 | | 1 | 1 | 18 |

PII Consultation Analysis Record (Continued)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | T |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Consultant | | | 1 | | | 1 | 1 | 1 | 1 | 1 | | 1 | | | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | | | 14 |
| P. Consultee | | 1 | | | | | | | | | 1 | | 1 | | | | 1 | | | | 1 | | | 1 | | 6 |
| T. Consultee | 1 | | | 1 | 1 | | | | | | | | | 1 | | | | | | | | | | | 1 | 5 |
| Background Environment | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior Setting | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Behavior | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Indiv. Character. | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | 7 |
| Observation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Plan | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 18 |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Neg. Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Evaluation | | | | | | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| Inference | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Specification | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | | | 1 | | 1 | 1 | | | | | | 1 | 1 | 1 | 14 |
| Summarization | | | | | 1 | | 1 | | | | | | | | 1 | | | | 1 | 1 | | | | | | 5 |
| Neg. Validation | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Pos. Validation | | | | | 1 | | | | | | | 1 | 1 | | | | | 1 | | | | 1 | | | | 5 |
| Elicitor | | | 1 | | | | | | | 1 | | | | | | 1 | | | | | 1 | | 1 | | | 5 |
| Emitter | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | | 1 | 1 | 20 |

PAI Transcript

C = Consultant T = Teacher P = Parent S = Subject

C: Hello. How is everyone tonight? P. were you able to keep a record of the number of times you had to ask S. to get ready in the morning, pick up his toys, and get ready for bed at night?

P: Yea, it was pretty easy to keep track of this stuff.

C: (looking at data sheet) According to the data, it looks like over the three observation days getting ready in the morning took four, two, and three requests....and picking up toys took three, two, and four...getting ready for bed at night took the least amount of prompting with two, one, and two requests. I had talked with you just before the weekend and we had decided to split the morning activities up to also include getting ready for the bus. Did this decision help make things easier for you?

P: Yes, I took counts on Saturday, Sunday and today and got two, three, and two for numbers of times I had to tell him to get ready for the bus.

C: Great, I think that breaking up the morning tasks will make it easier to track during the intervention.

C: T. what information did you come up with?

T: Well, in small groups S's participation wasn't that great. S. did not participate at all the first day of

PAI Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

observation, twice on the next day and not at all again on the third day. I also kept track of how often we had small group sessions...six sessions the first day, eight sessions the second day and 6 sessions the third day. The data on individual questioning is two responses on the first day and one response on both the second and third day.

C: Well, you both did a great job in collecting this information. Let's refer to your notes that you kept during the three days. What did you notice before the problem occurred?

P: Well, I don't know if I took very good notes but I noticed that S. had more difficulty following directions in the morning and evening when the TV was on.

C: That's important to know, good.

T: During those three days I didn't really notice anything significant before hand but I did try change the members of S's small groups around. That didn't seem to make a difference either.

C: OK, what about afterwards? What types of things did you notice afterward that may have maintained the behavior?

T: Well, I noticed that in small group, S. looks around at the other students in the group. I don't know if he's

PAI Transcript (Continued)

C = Consultant T = Teacher P = Parent S = Subject

looking for someone to help him with his questions or if maybe he is taking in the behavior that the other children are modeling.

C: Wow, that is very insightful. What expression did he have on his face or could you read any of his body language?

T: He did not seem upset at all or even uncomfortable, I don't know, maybe he was just listening and watching the others out of curiosity.

C: How about at home P., did you notice anything afterwards?

P: I couldn't really find anything that seemed different or that seemed important to his following directions. I told his sisters not to help him with his stuff for now, was that OK?

C: Of course. I think it was a good idea, that way we got an accurate baseline on what S's actual does on his own. Did you notice any patterns in S's behavior at home or school?

P: Nope, no patterns except that he's easier at night, maybe because he's tired out by then, not as much energy.

C: OK, good, that is important to know. T.?